

State Incentive Grant
Request for Application

**The California State Incentive Grant (SIG) Project
For the
Reduction of Binge Drinking-Related Problems
Among Youth and Young Adults**

**Request for Application (RFA)
Application Deadline: July 15, 2004**



Office of the Governor

**California Department of Alcohol and Drug Programs
Prevention Services Division
1700 K Street
Sacramento, California 95814**

**Funded By
The Substance Abuse and Mental Health Administration's
Center for Substance Abuse Prevention**

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I. Introduction

Purpose

The California State Incentive Grant (**SIG**) is a three-year federal grant that uses a two-phased approach to prevention program planning and implementation. Based on The Department of Alcohol and Drug Program's (**ADP**) assessment of data on alcohol, tobacco and other drug (**ATOD**) problems in California among youth and young adults between the ages of 12-25 years, past 30-day alcohol binge drinking has been selected as the variable to address through the SIG. This was based on 1) the degree of the problem among California's youth and young adults; 2) the consequences of the behavior on individuals, families and communities; 3) the readiness of communities and organizations to address the problem; and, 4) the opportunity to use evidence-based community and environmental prevention strategies to reduce the level of binge drinking and related community problems among the focus population.

The purpose of this Request for Application (**RFA**) is to be able to assess the applicant's organizational capacity and readiness to plan an evidence-based program in Phase I of the SIG project. Phase I is focused on in-depth planning and prevention program/strategy development in the first year of the grant. The questions outlined in Section III of the RFA, the technical proposal, are designed to assist ADP in selecting grant recipients that can meet the SIG goals and requirements of Phase I. Responses to this RFA are only to address Phase I, the first year of planning. Prior to the completion of Phase I, applicants can apply for continuation funding in Phase II. Phase II will cover the implementation period in the second and third years of the grant.

The background that follows provides an overview of both Phase I and Phase II for understanding the full context of the SIG.

Background

In 2003, the State of California entered into a cooperative agreement with the Substance Abuse and Mental Health Services Administration's (**SAMHSA**) Center for Substance Abuse Prevention (**CSAP**) to fund and administer a SIG Program. ADP's Prevention Services Division is responsible for oversight and administration of the California SIG Program.

A key element of the California SIG Program is to advance systems change at both the state and local level that will result in better coordination and efficacy of the overall prevention system. This will enable state and local programs to obtain optimal results with all available Federal and State substance abuse prevention funding. This change will be promoted through the development of a collaborative framework among governmental agencies and community coalitions working to streamline and sustain prevention practices and programs.

To facilitate systems change at the state level, the Governor established an Interagency Coordinating Council for the Prevention of Alcohol and Other Drug Problems herein known as the Governor's Prevention Advisory Council (**GPAC**). GPAC was established to provide strategic and operational advice to the California SIG Program, and act as the official California SIG Advisory Council. The long-term vision for GPAC is to achieve a comprehensive statewide Alcohol and Other Drugs (**AOD**) prevention strategy. With the leadership and direction of GPAC, the California SIG Program will enhance and support prevention initiatives at the county

level and foster continuous improvement in the system of prevention programs and services in California.

An initial task of GPAC has been to develop a statewide Strategic Plan on preventing binge drinking for youth and young adults. The goal of the California SIG Program is to reduce past 30-day drinking among California youth and young adults (ages 12-25) by 50 percent by 2007, as measured by the National Survey on Drug Use and health (**NSDUH**). The Binge Drinking Strategic Plan lends vision and guidance in the development of public policy and programs that center on binge drinking prevention initiatives, as well as providing a framework for county grant recipients in aligning their programs with the broader California SIG state goals.

California SIG Program Goals and Definition of Binge Drinking

The California SIG Program is designed to create system changes that result in better coordination and efficacy of the overall prevention system, thereby enabling state and local programs to obtain optimal results with all available Federal and State substance abuse prevention funding.

The focus of the California SIG Program is to reduce binge drinking among youth and young adults and other related community problems. For the purposes of this grant project, binge drinking is defined as “five or more drinks at a sitting” for males and “four or more drinks at a sitting” for females.

The California SIG Program will provide funding resources to counties to develop evidence-based community prevention projects emphasizing environmental/public policy strategies that address binge drinking and related community problems. Project funding will occur in two phases. In Phase I grantees will be given up to one year to plan and select an evidence based program. Phase II will involve the implementation and evaluation of the program over the remaining grant period.

Through the implementation of these evidence-based community prevention programs, the county SIG grant project will enhance California’s substance abuse prevention system to:

1. Increase the capacities and competencies of California communities and practitioners to systematically assess, plan, implement and measure outcomes of evidence-based prevention;
2. Fill identified gaps in prevention services as identified through the process of evidence-based planning and assessment, leading to the reduction in binge drinking among youth and young adults ages 12-25 and related community problems;
3. Support collaboration by developing community partnerships that are actively involved in planning and implementing evidence-based prevention;
4. Improve coordination, leveraging, and redirection of substance abuse prevention funding streams and services at the local level;
5. Measure prevention effectiveness in reducing substance use by establishing baselines and targets within the focus community(ies);
6. Build on and enhance cultural competency;
7. Use evaluation results to make improvements; and,
8. Emphasize sustainability beyond the funding period.

Concepts that are Reflected in the California SIG Program

Key to grant recipients overall success in this program is the ability to apply the following concepts to California's SIG project:

1. **System Change:** A major SIG objective is to attain systems change by increasing the capacities and competencies of California communities and prevention practitioners to systematically plan, implement and measure program outcomes. The framework for system change may include:
 - a) Coordination and streamlining of funding at all levels
 - b) Community partnership operations
 - c) Acquisition, coordination and sharing of data at all levels
 - d) Enactment of laws and public policies that advance the prevention of binge drinking and related community problems
 - e) Affirmative changes in social norms at all levels
 - f) Reduction in alcohol availability for youth at all levels
 - g) Increased use of evidence-based programming
2. **Community Prevention:** Prevention efforts will be designed to meet needs of identifiable communities based on local data. Community partners capable of executing the plan and sustaining the results is important to the success of community prevention initiatives.
3. **Clear Purpose:** Clearly defined goals and objectives will be based on identified relevant data that is based upon a community needs assessment. The goals and objectives will be carefully defined to assure that community partners are operating on common principles and are committed to a unifying purpose.
4. **Evidence-based Actions:** Prevention will be based on established theory and/or practices that show strong probability of attaining the desired outcomes. Recipients may originate, replicate and/or adapt prevention approaches based on evidence that the program strategies and/or theories are applicable and measurably effective.
5. **Environmental/Public Policy:** California is a national leader in developing and implementing community prevention and/or environmental/public policy strategies. The State's prevention researchers, practitioners, and policy makers have long recognized the sustainable impact and cost effectiveness of community prevention emphasizing environmental/public policy approaches within a comprehensive system of prevention policies and services. Strategies will be developed to modify norms, conditions, and settings in the community that affect the availability, promotion, sale, use and adverse consequences (direct and second-hand) of alcohol related to binge drinking.
6. **Culturally Proficient:** California's demographic and geographic diversity of communities will allow for origination and/or replication of programs relevant to the focus area populations.¹
7. **Scientific Planning:** Scientific planning methods (hypothesize, test, measure) will be applied to determine short, intermediate and long-term program outcomes

¹ Section E. Key Concepts, for discussion of "community"

8. **Sustainable Results:** Priority will be placed on sustaining evidence-based programming using planning tools and processes that will be integrated into the broader county prevention system. Emphasis will be also be placed on practices that can be sustained by the self-interest of the communities rather than providing singular activities or those dependent on external funding/assistance and/or monitoring/enforcement.
9. **Measure & Evaluate:** Grant recipients will be required to secure local evaluation services to work in conjunction with the California SIG project evaluator to facilitate program evaluation activities throughout the statewide SIG project.
10. **SIG Behavioral Change Measurement:** Grant recipients will apply the SIG measurement which is the past 30-day rate of binge drinking among persons 12-25 years old.
11. **Continuous Improvement:** Grant recipients will apply evaluation process and data outcome measurements to make evidence-based program improvements.
12. **GPAC Strategic Plan:** Grant recipients will apply GPAC Binge Drinking Strategic Plan information to plans for reducing binge drinking.²

County SIG Grant Project Overview

The SIG focuses on reducing binge drinking among youth and young adults ages 12-25 and related community problems. Applicant must be willing to plan evidence-based community prevention and/or environmental/public policy strategies that are effective in reducing binge drinking among youth and young adults ages 12-25 and related community problems.

Although ADP expects that SIG funds will be used primarily for direct services, ADP recognizes that applicants may need to enhance their prevention system infrastructure to address binge drinking and related community problems. Therefore, all applicants are expected to undergo the program planning phase during the first year of their projects.

Applicants must also demonstrate that they have the ability to mobilize community partnerships that will ultimately help to build strong local prevention systems through the enactment and enforcement of policies, practices and programs that are locally and culturally appropriate to binge drinking and related community problems. Since the SIG focuses on a community prevention approach, applicants must demonstrate that a community planning entity exists and sufficiently meets the community partnership definition³, or describe partnership building plans through responses to the Technical Proposal.⁴

Applicants must provide a preliminary analysis of the current prevention system using information gathered from discussions with the community planning entity that illustrates important areas of systems change needed within the community. All applicants must provide a description of their current infrastructure and identify areas where further development is needed. Additionally, local data sources and archival data must be evaluated to validate the problem of binge drinking in the focus community among youth and young adults ages 12-25, and related community problems.

² Appendix F: GPAC Binge Drinking Strategic Plan

³ Page 11, The Community Partnership

⁴ Section III, Preparing the Application, Technical Proposal

Note that applicants will not be penalized for being under-developed in any of the areas mentioned. Rather proposals will be scored on the quality of their analysis of current conditions and the plan to develop and strengthen the local prevention system through this grant.

Upon approval of required milestones and deliverables, grant recipients will be notified whether or not they will receive continuation funding for program implementation (Phase II). Phase II will extend through the remainder of the grant period. Budgets and deliverables for Phase II will be determined during Phase I; they should not be included in the response to this RFA.

Phase I: Project Planning (completion in up to one year)

Phase I will be funded for a maximum of one year. Phase I is designed to give grant recipients the opportunity to go through an evidence-based program planning and selection process prior to program implementation. Grant recipients will be monitored throughout Phase I to ensure that adequate progress is made in meeting key milestones.

During Phase I, grant recipients will conduct a thorough community needs and resource assessment that builds upon the information and data gathered during the RFA submission process. The assessment will determine gaps and overlaps in services that exist in the community, leading to the identification of priority binge drinking issues.

During Phase I, goals, objectives and outcomes will be derived from the priority issues and will be incorporated into a logic model that will be used for project planning and evaluation. The grantee will identify evidence-based community prevention strategies emphasizing environmental/public policy approaches that have a strong likelihood of achieving their prevention-related objectives and are appropriate to their focus community.

Evidence-based programs are ones that have been shown through scientific study to produce consistently positive results. These are sustainable programs that must:

- be founded upon clearly stated goals and objectives that are forged through a community needs assessment,
- have measurable outcomes as depicted in a logic model, and
- provide a clear plan for evaluation.

SAMHSA/CSAP has determined that certain services/practices are solidly evidence based. These include programs in SAMHSA/CSAP's National Registry of Effective Programs (NREP). CSAP requires that a minimum of 50 percent of all the SIG funds awarded to recipients be committed to fund evidence-based prevention interventions at level 3, 4, or 5 as defined in CSAP's Guide to Science-based Practices:

- Level 5:** Multiple replication trials in peer-reviewed/referenced journals
- Level 4:** Expert consensus or meta-analysis report
- Level 3:** Single peer-reviewed/refereed journal
- Level 2:** Cited in non-refereed, professional journals
- Level 1:** Recognized through awards, newspaper articles, and anecdotal assessments.

ADP staff and CSAP's Western CAPT have worked to identify level 3, 4, and 5 community prevention strategies emphasizing environmental/public policy approaches to address binge drinking among youth and young adults ages 12-25. To date, relatively few model programs address this specific these criteria.

While 50 percent of the SIG funds awarded at the local level must go to level 3, 4, or 5 programs, the remaining local funds can go towards programs that are well designed and clearly show ability to add to the nationally approved, evidence-based environmental/public policy prevention strategies and approaches. Applicants who plan to use level 1 and 2 programs must provide extensive justification for the strategy selection and theory of change⁵.

Documenting the Evidence-Based Program/Strategy in Phase I

During Phase I, the grantee must document the evidence-based program/strategy that is being recommended. For community prevention programs emphasizing environmental/public policy strategies that are not listed in the National Registry of Effective Programs (**NREP**), the grant recipient must demonstrate evidence of effectiveness in order to progress to Phase II. The grant recipient must provide a justification that summarizes the evidence for effectiveness and acceptability of the proposed strategy. Evidence will include the findings from the efficacy and/or effectiveness studies published in peer reviewed literature.

If little or no research specific to the proposed target population or strategy has been published in the peer-reviewed research literature, grant recipients may present evidence involving studies that have not been published in the peer-reviewed research literature and/or documents describing formal consensus among recognized experts. If consensus documents are presented, they must describe consensus among multiple experts whose work is recognized and respected by others in the field. Local recognition of an individual as a respected or influential person at the community level is not considered a "recognized expert" for this purpose.

Justifying Selection of the Program/Strategy Selected in Phase I

In addition to a justification of the program/strategy selected, the grant recipient must include copies of related evaluation reports that have been produced on the promising practice showing the strength of the evidence for the program selected. Additionally, the grant recipient must show that the proposed program is culturally and otherwise appropriate for the proposed population during Phase I. Ideally, this will include research findings on the effectiveness and acceptability specific to the proposed target population. However, if such evidence is not available, the grant recipient should provide a justification for using the proposed program/strategy with the target population. This justification might involve, for example, a description of adaptations to the proposed service/practice based on other research involving the target population.

⁵ Appendix C: Resource Guide, C:3 Theories of Change, 3.1 Environmental Change Theory and 3.2 Risk and Protective Factor Theory

Justifying Adaptations/Modifications of the Proposed Program/Strategy Selected in Phase I

SAMHSA/CSAP has found that a high degree of faithfulness or “fidelity” to the original model for an evidence-based program increases the likelihood that positive outcomes will be achieved when the model is used by others. Therefore fidelity to the original evidence-based program must be implemented. However, ADP recognizes that adaptations or modifications to the original model may be necessary for a variety of reasons:

- To allow implementers to use resources efficiently,
- To adjust for specific needs of the target population, and
- To address unique characteristics of the local community where the program/strategy will be implemented.

In preparation for Phase II, grantees may propose to adapt/replicate model programs that address factors similar to binge drinking that are appropriate to the focus community. If adaptations and/or program modifications are recommended, the grant recipient must describe and justify the proposed adaptations or modifications to the program/strategy selected in Phase I.

Phase I Deliverables

Grant recipients are responsible for all major deliverables identified below. Successful completion of the deliverables is required prior to progression to Phase II, Implementation:

Deliverables required for Phase I include:

- Community readiness and mobilization (evidence of Community Partnership involvement and activities)
- Community needs assessment
- Community resource assessment
- Work with SIG Technical Assistance
- Prevention plan that contains a logic model
- Description of selected Evidence-Based Community Prevention strategies emphasizing Environmental/Public Policy Approaches
- Engage local evaluator and establish evaluation plan
- Data reporting and work with statewide SIG evaluator
- Phase II Work Plan
- Phase II Implementation Budget
- Phase II Budget Narrative
- Sustainability Plan

Progression to Phase II (program implementation) will be contingent on satisfactory completion and approval of all required Phase I deliverables and is at the discretion of ADP.

Phase II: Program Implementation – Years 2 and 3

ADP will award continuation funding to grantees that have met the Phase I grant requirements. Phase II deliverables include:

- 1) Implement the Prevention Plan, Logic Model, and services
- 2) Conduct local evaluation of results

- 3) Embed sustainable change
- 4) Data reports to statewide evaluator

Requirements and Expectations of County Grant Recipients

Grant recipients will be held to the following requirements and expectations during Phase I and Phase II of the project. In developing the application, consideration should be given to appropriate and sufficient staffing and program development.

Program development, implementation, and evaluation requirements and activities will include:

- 1) Establishment of an active Community Partnership that involves relevant agencies, organizations, businesses, and associations;
- 2) Involvement of Community Partnership in determining the community(ies) that will be the focus of the County SIG Grant project, conducting a community needs assessment and providing ongoing support throughout the project;
- 3) Development of a statement of need, scope of work, and project plan that addresses binge drinking among youth and young adults (ages 12-25) and related community problems;
- 4) Identification of the program strategies that will be used to achieve the desired outcomes;
- 5) Implementation of evidence based approaches emphasizing the use of community prevention emphasizing environmental/public policy strategies;
- 6) Monitoring the project activities to ensure that sub-recipients (if applicable) are providing the designated services;
- 7) Compliance with all data collection and reporting requirements;
- 8) Participation in the National cross-site evaluation (for more information, see Section III, Post Award Actions, SIG Evaluation); and,
- 9) Collection, documentation, assessment, and reporting of project activity data, including actual and intended system changes.

Grant administration, monitoring and oversight will include:

- 1) Compliance with the terms and conditions of the grant award and adherence to the Certifications and Assurances;
- 2) Compliance with all subgranting/subcontracting requirements;
- 3) Designation of a project director to be responsible for grant administration and oversight;
- 4) Collaboration with state staff in project planning, design, organization, selection, implementation, modification, adaptation, evaluation, and monitoring;
- 5) Provision of Government Performance and Results Act (GPRA) data to the State and the SIG evaluators;
- 6) Identification and utilization of CSAP Core Measures and Performance Partnership Grant (**PPG**) Measures which are appropriate to the project outcomes, (Resource Guide, Section C: 13);
- 7) Ensuring that any and all program implementation or work conducted by subrecipient and/or vendors is completed and accepted before grant period expiration. Any work performed after the grant period has expired will not be reimbursed; and,
- 8) Ensuring that the local evaluator selected for the grant:
 - a. Develops a local evaluation plan;
 - b. Attends quarterly statewide evaluation trainings;
 - c. Collects complete local process and outcome evaluation data using standardized evaluation tools; and,

- d. Submits data to the statewide SIG evaluation team to develop data analysis and year end evaluation reports.

Substantive Involvement

All grant recipients must be substantively involved in the implementation of the grant program and must be able to demonstrate this involvement throughout the grant period. Substantive involvement is the direct delivery of the primary project activities for which grant support is provided and/or a significant portion of the activities to be conducted under the grant. Pass-through grants are not allowed. Elements of program implementation may be subcontracted; however, for program implementation activities, the grant recipient may not subcontract or subgrant to more than two subrecipients.^{6 7}

Emphasis on Community Prevention

Community prevention is key to the success in achieving SIG goals. For the purposes of this project, a community is defined by geographical boundaries. The focus community may be defined and identified by the applicant as an entire county or as a sub-section of the county.

Community Prevention as it relates to SIG includes the following steps:

- 1) Analyzing the factors that contribute to identified problem of binge drinking and related community problems;
- 2) Reviewing community policies, services and resource; and
- 3) Designing an overall community prevention strategy addressing binge drinking and related community problems.

The process of community prevention includes: a) assessing the community readiness; b) mobilizing the community; c) collecting and organizing the data; d) identifying and prioritizing community AOD problems and risk factors; e) determining community assets and resources; f) developing and implementing a comprehensive community prevention plan; and, g) ongoing evaluation of the process and outcomes of the program activities.

Specific strategies can include policy advocacy, environmental measures, targeted media campaigns and advocacy, community education programs (for both the overall community and targeted groups), and prevention services for groups at high risk of contributing to binge drinking and related community problems.

The Community Partnership

Community readiness is essential in order for community prevention and/or environmental/public policy strategies to be effective. Since these strategies require the involvement of a broad range of community organizations, it is critical that the applicant have in place a collaborative prevention planning system that involves key stakeholders engaged in the community readiness and mobilization process.

As part of Phase I, grant recipients are required to partner with local organizations in the identified focus community, such as schools, higher education, law enforcement, businesses to

⁶ Appendix D

⁷ Section VI. Subgranting/Subcontracting

form a Community Partnership. The Community Partnership is a cooperative agreement between key community stakeholders who have a vested interest in the prevention service delivery system in that community. Age appropriate youth and young adults should engage in partnership planning and leadership activities as members.

For purposes of the county SIG project, the Community Partnership serves important purposes, including:

1. Define the community and the degree of community readiness to address binge drinking among youth and young adults (ages 12-25) and related community problems.
2. Increase the level of involvement of key community stakeholders in evidence-based programming efforts.
3. Increase the capacity of the grant recipient to perform the key deliverables.
4. Effectively network, broaden and sustain the systems change that occurs as a result of the SIG project.

Grant recipients must plan and determine how information regarding the partnership evidence-based planning and implementation efforts will be disseminated within the larger county system to promote greater awareness of and support for institutionalizing these prevention practices.

Membership

Membership in the Community Partnership should be appropriate to the focus community and should include, but not be limited to relevant community sectors such as:

- public health (e.g., public health departments, members of voluntary health agencies and other non-profit organizations including hospitals and health care representatives)
- law enforcement (e.g., police/campus police, county sheriffs, prosecutors, California Youth Authority)
- education (e.g., local schools, school districts, school board members, teachers)
- youth-serving organizations (student body officers and/or representatives, youth athletic leaders/captains)
- faith communities (e.g., clergy and/or other faith leaders)
- local government (e.g., mayor, city council members)
- business (members of the chamber of commerce)
- families and other interested citizens (parents, neighborhood associations, private citizens)
- local college and university representatives

Roles and Responsibilities for Community Partnership Members

Grant recipients must demonstrate strong local partnerships that develop comprehensive strategies to address the challenges that communities face concerning binge drinking and coordinating prevention funding. Indicators include:

- The partnership must include agencies and organizations which actively engage in planning, implementing, operating, and sustaining the program.
- The partnership must represent the focus community that is involved with, contributing to, or affected by binge drinking problems.
- Member organizations should actively participate and take ownership in the program, rather than serving in an “advisory committee” or observer role.
- Members must have ongoing and clearly defined roles or actively contribute ways to ensure the success of the program.
- Partnership meetings should occur at least quarterly to ensure program oversight.

II. General RFA Information

Estimated Time Schedule

RFA released	May 31, 2004
Questions from applicants due	June 10, 2004
Responses to Questions from Applicants posted on website on or before	June 17, 2004
Applications due	July 15, 2004
Grant Awards Announced	August 26, 2004
Work plan and budget negotiation	By September 15, 2004
Phase I: Program Planning Year	By October 1, 2004
Assessment of Year 1 Progress	Quarterly
Phase II: Program Implementation	October 1, 2005

Source of Funds

Funds for the county SIG project are from SAMHSA's CSAP and are authorized under 42 USC 290 bb-22. The expenditure of SIG funds is subject to the availability of funds in any given federal award year and is limited to the current grant period.

Funding Guidelines

Through a competitive grant process, the California SIG project will award successful applicants up to a maximum of \$10.2 million over three years (\$3.4 million annually) to selected grant recipients. Awards will be made for a project period of three years. Annual continuation funding will be contingent upon demonstration of satisfactory performance in completing Phase I and Phase II requirements and the availability of Federal SIG funds.

Except for Phase I, grant recipients must allocate at least fifty percent of each year's budget to fund evidence-based policies, practices, and programs (i.e., levels 3, 4 and 5). The remaining funds requested may be used on promising strategies. Phase II second- and third-year continuation funding will be contingent upon demonstration of progress in obtaining measurable results and achieving the goals and objectives identified in the two-year Project Work Plan and Project Budget, as agreed upon by ADP.

Eligibility

California County AOD Offices are the primary applicants eligible to apply for funding under this grant. The County AOD Office may decide not to apply, exercising a first right of refusal. At

that time, another local government organization⁸ (i.e. local government, UC, CSU or community college) can become the applicant, as long as the local government organization has the support of the County AOD Office (see Application Guidelines, below).

If the County AOD Office exercises its first right of refusal, and does not plan to directly administer the program, it must remain involved with program implementation and activities. To demonstrate involvement the County AOD Office may:

- Participate in the evaluation process and disseminating program data
- Provide technical assistance
- Participate in project planning and involvement with the Community Partnership
- Participate in the development of a sustainability and system change plan
- Participate in the needs assessment and resource planning
- Facilitate the coordination of all funding streams

Application Guidelines

Only one application may be submitted per county. **If the applicant is not the County AOD Office, the applicant must provide a Memorandum of Understanding (MOU) signed by the County AOD Administrator acknowledging s/he has exercised the first right of refusal. The MOU must substantiate the county's level of involvement in the project.⁹ (Include MOU as Attachment C with application package.)**

If more than one application is received at ADP from applicants within a county, the County AOD Office will have until the Application Submission Deadline to decide which will be considered for scoring. **The County AOD Administrator must officially notify ADP either in email or in writing which application will be considered for scoring prior to the application deadline. The county name and the project title stated on the Application Signature Sheet should be used to identify the application that will be scored. If ADP has not received this notification as of the application deadline, all applications from the county will be disqualified without exception.**

Tiered Funding Chart

Funding is limited to one grant per county. The county must designate their population status as Minimum Base Allocation (MBA), small, medium, or large on the Application Signature Sheet¹⁰. Use the tiered funding chart below to determine the total amount of funding per year that can be requested in the application. Funding is based on county size and is tiered by county classifications according to CADPAAC population definitions.

The application will be disqualified if the total project funds requested on the Application Signature Sheet exceeds the total funding shown below, relative to county size. As an example, a Minimum Base Allocation (MBA) county cannot request more \$450,000 (average of \$150,000) for the three years on the Application Signature Sheet.

⁸ Office of Management and Budget (OMB) Circular A-87 defines local government as a county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (whether or not incorporated as a non-profit corporation under State law), any other regional or interstate government entity, or any agency or instrumentality of a local government.

⁹ Appendix G: Writing a Memorandum of Understanding (MOU)

¹⁰ Appendix B: Forms

County Category	County Population	Total for 3 Years
Minimum Base Allocation	Under 75,000	\$450,000
Small	75,000-225,000	\$600,000
Medium	225,000-700,000	\$750,000
Large.	Over 700,000	\$900,000

The **Application Signature Sheet** also requires stating the amount being requested for the Phase I year. Since Phase I is a planning year, annual costs likely will be higher in Phase II (years 2 and 3). Therefore, this RFA budget request for Phase I is likely to be for an amount less than simply computing one third of the total three-year maximum.

Where to Send the Application

Applications can be mailed or hand delivered. Due to the requirement for original signatures, applications submitted through facsimile, electronic transfer, or on diskette will not be accepted.

- 1) Mail the signed original and four (4) additional copies of the signed application to:

Beth Selling
State Incentive Grant Coordinator
Prevention Services Division
Department of Alcohol and Drug Program
1700 K Street, 2nd Floor
Sacramento, California 95814

ADP will not provide a receipt of delivery. If you would like documentation of receipt, send the application certified/registered U.S. mail or utilize an overnight service that provides tracking.

- 2) Hand delivered applications should be brought directly to ADP Business Services Section, 1700 K Street, Room #100, Sacramento, CA. The envelope containing the application should clearly state Beth Selling, ADP, Prevention Services, 2nd Floor as the addressee. For tracking purposes, request that the person receiving the application in ADP's Business Services sign and date stamp the application, as well as your copy of the application.

Application Due Date

Applications must be received at ADP on or before July 15, 2004. Applications delivered by hand must be received no later than 4:00 p.m. on July 15, 2004. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Selection Criteria

Awards will be made to applications based on the highest passing Technical Proposal scores, selection priorities and a qualifying interview. Selection criteria will be comprised of three consecutive parts. Successful completion of each part will enable the grant recipient to proceed to the next part as outlined below:

Part I - RFA Process

a. Passing Score. The maximum score for the Technical proposal and Grant Project Budget is 120 points. The Technical Proposal is worth 100 points and the Grant Project Budget is worth 20 points. Technical Proposal scores will be added to the Grant Project Budget score to compute the overall total score. **The minimum passing score is 80 percent (96 points).**

b. Selection Priorities. Applications that meet the 80 percent passing score will be further assessed on the basis of geographic distribution. Since a key goal of the California SIG program is to facilitate statewide prevention system changes, it is important to assure that a broad spectrum of counties participates to provide a strategic range of settings, geographical sizes and populations.

Part II – Qualifying Interview

Prior to final selection, applicants will undergo a qualifying interview which will be included in the scoring and selection process. The interview will enable ADP to confirm the application responses provided and further assess the applicant's readiness to fulfill county SIG grant program requirements. Grant selection will be made after the qualifying interviews are completed. Applicants who do not participate in the interview process during the prescribed time frame will be disqualified.

NOTE: No protest will be allowed.

Questions and Assistance in Completing the Application

All questions regarding this RFA must be submitted in writing and contain a contact name and address. The final date to submit questions is June 10, 2004. Any questions submitted after the deadline date will not be answered.

When posing questions regarding the RFA, reference applicable RFA pages and/or sections.

Submit questions in writing to:

California Department of Drug and Alcohol Programs
PSD—SIG RFA
1700 K Street
Sacramento, CA 95814
Fax: (916) 323-0633
Email: <mailto:SIG@adp.state.ca.us>

ADP will provide answers to questions within a reasonable timeframe before the application due date. All questions and responses will be distributed to all applicants and posted on the ADP website at <http://www.adp.ca.gov/Prevention/SIG.shtml> before the application due date. To assure equal access to information, no telephone consultation will be provided.

Award Finalization

After the applicant has been notified that the application has been selected for Phase I (first year) funding, all grant award documents will be finalized. All winning proposals will be subject to negotiation and refinement of the budget, goals and objectives, and work plan.

During the finalization period, grant recipients are expected to be responsive and to provide timely and accurate information. Failure to respond to requests for information or failure to submit accurate information may cause delays in the award. Failure to resolve these problems within the agreed upon timeframe may result in a termination of the grant award.

A Notice of Grant Agreement (**NOGA**) will constitute a binding agreement setting forth the general conditions governing a collaborative effort between ADP and the SIG grant recipient. The application submitted and selected through this RFA will be incorporated by reference into a final NOGA as will the work plan and associated planning documents.

III. Preparing the Application

The application will be reviewed on three levels. The levels are each covered in detail as you read through each of the following sections.

- I. Technical Review (Pass/Fail)
- II. Technical Proposal (100 Points)
- III. Grant Project Budget (20 Points)

I. Technical Review (Pass/Fail)

An initial technical review determines whether or not an application will be scored. **Carefully review the information below, to ensure that the application meets all formatting and technical requirements. Applications missing or containing incorrect information, or that fail to conform to all of the technical review requirements (including failure to submit a Technical Proposal that corresponds to the outline), will be disqualified.** Do not attach anything to the application that cannot be photocopied using an automatic process, e.g. anything stapled, folded, pasted, or anything other than 8.5" x 11", text-weight paper.

A. Application Format

- a. The Project Narrative is limited to thirty (30) standard (8.5"x 11") pages with 1" top, bottom and side margins. The narrative page number limitation does not include the cover letter, table of contents, application signature sheet, abstract, budget and budget narrative, or attachments. If the Project Narrative contains more than 30 pages, only the first 30 pages will be scored.
- b. The Project Narrative must be double-spaced, single-sided, 12-point font. Tables that are included in the Project Narrative may be single spaced. Exceptions to the font and spacing restrictions include the organizational chart, work plan, budget and attachments.
- c. Applicants must use Section and Sub-section headings and numbers identified in the Technical Proposal Outline so that each section can be easily identified for technical review and scoring purposes. Failure to do this will adversely affect the score.
- d. All pages must be consecutively numbered, beginning with the cover page as page 1, abstract page 2, table of contents page 3, etc.
- e. All pages within the body of the narrative must have a header with the applicant organization's name; this may be in 9-point font to save space.
- f. Applications must be bound using an appropriate size binder clip. Do not staple or submit applications in three-ring binders.
- g. All attachments must be referenced and placed in the Appendix; attachments must also be on 8.5" x 11" pages with single side print. Only use paper that can be copied in automatic copy machines, not heavy or light weight paper nor attached, folded, pasted, or stapled material.
- h. Applicants must submit one signed original and three copies of the signed application.

B. Non-responsive Applications

Additionally, applications will be disqualified from funding if any of the following conditions exist:

- a. Failure to comply with all required application components and instructions;
- b. Funding requests that exceed the maximums relative to county size (See Tiered Funding Chart);
- c. Failure to meet the applicable deadlines;
- d. Incomplete submissions; or
- e. Submission of false or misleading information.

Technical Proposal (120 Points)

Each section in the application must correspond to and follow the Technical Proposal Outline below. Use the same order and naming conventions specified in the Technical Proposal Outline in your response.

Applications must present a plan to address community prevention programs and/or strategies that prevent and/or reduce binge drinking among youth and young adults between the ages of 12-25 years and related community problems.

Technical Proposal Outline

Follow the outline below in the order specified in generating the technical proposal:

1. Transmittal and Administrative Documents (Required)

- 1.1. Cover Letter (0 points)
- 1.2. Table of Contents (0 points)
- 1.3. Application Signature Sheet (0 points)
- 1.4. Program Abstract (0 points)

2. Project Narrative (The project narrative must be 30 pages or less.)

Section I: Community Partnership and Description of Current Prevention System (25 Points)

Section II: Statement of Problem and Need (15 points)

Section III: Goals and Measures (10 points)

Section IV: Project Phase I Workplan (25 points)

Section V: Measurement and Evaluation (10 points)

Section VI: Organizational Capacity and Sustainability (15 points)

3. Budget Estimate and Justification (20 Points)¹¹
Instructions in Sec. 5

4. Assurances Form – (Required, 0 points)

Forms must be signed by the County Alcohol and Drug Program Administrator.

5. Certifications Form – (Required, 0 points)

Form must be signed by County Alcohol and Drug Program Administrator.

6. Attachments

Attachment A. Phase I Work Plan

Attachment B. Organizational Chart

Attachment C. (If applicable) MOU from County acknowledging that it has exercised its first right of refusal

Attachment D. Letters of Participation (Include letters of participation from community partners)

¹¹ Appendix A: Budget Instructions

Technical Proposal Components

Applicants must comply with each of the following required technical proposal components: Identify each response using the same Section and Sub-section titles and numbers used here. Each section will be scored based on its content; readers will not interpret or transpose content to fill in for misplaced information. Carefully follow the instructions below.

1. Transmittal and Administrative Documents

1.1 Cover Letter (Required, 0 Points)

- Must identify a single point of contact for communications following the grant award. The contact person should have the authority to make and approve changes to grant documents, or to secure approval in a timely manner. The contact person should also be familiar with the program and budget and be able to answer questions and provide accurate information to the ADP Prevention Services Division (PSD) county analyst on a timely basis.
- If the applicant is the County AOD Office, the cover letter must be signed by the County Alcohol and Drug Program Administrator.
- If the applicant is a community college, UC, or CSU the cover letter must be signed by the Director of Health Services and/or the Office of the President of the applicable campus.
- If the applicant is a local government, the cover letter should be signed by the head of the local government agency.

1.2 Table of Contents (Required, 0 Points)

- Use section titles and numbering that directly correspond to the Technical Proposal Outline and clearly reference the applicant's responses to these sections.

1.3 Application Signature Sheet (Required, 0 points)

Include in your RFA submission; must be signed by the authorized official of the applicant agency. The applicant must designate their county size as an Minimum Base Allocation (MBA), small, medium, or large county population on the Application Signature Sheet (See Appendix B: Forms). The total funds requested on the Application Signature Sheet can not exceed the tiered funding guidelines for the county's size. Note that the last block on this form asks for you to insert two amounts: Total Grant (three years) and Year 1. This RFA is focused on Phase/year 1.

The application will not be scored if funds requested for the total three-year grant period stated on the Application Signature Sheet exceeds the maximum funding allowed in the tiered funding chart (e.g., Total Grant \$450,000 for MBA counties).

1.4 Abstract (Required, 0 points)

The abstract is the only application component that must be one page or less in length. Provide an abstract addressing the following items:

1. The name of the applicant and significant organization(s) involved in the project
2. The community/geographic area applicable to the proposal
3. The community need to be addressed in the application
4. The project goals, objectives, strategies and methods that will be used to impact:
 - a. System Change
 - b. SIG objective of reducing binge drinking for those 12-25

c. GPAC Binge Drinking Strategic Plan

Project Narrative

Section I Community Partnership and Current Prevention System (25 points)

Applicants may propose serving several focus communities in which prevention actions will be directed at reducing binge drinking by youth and young adults ages 12-25 and related community problems. The term “community” is used throughout this RFA to refer to a described geographical area .

Note: If the County AOD Office has exercised its first right of refusal and the applicant is a local government, UC, CSU or Community College, the applicant must demonstrate the capacity and plans to serve the broader community affected by the campus, not just the on-campus community.

- A. Describe the selected focus community(ies) in terms of:
 - 1. The geographic boundaries and characteristics that define the focus community;
 - 2. The size of population in this area and related demographic and socioeconomic information relevant to the project;
 - 3. Residents’ perception of binge drinking as being a problem; how significant this is to them; and, how motivated they are to address it; and,
 - 4. How these problems are portrayed in the local media and perceived by community leaders.
- B. Describe the current Community Partnership:
 - 1. Leadership, membership and/or organizations partnering in this project and relevant to the focus community;
 - 2. History of working together (how often do they meet and what issues do they address);
 - 3. Responsibilities and functions of members and their organizations that fit into the objectives of this grant;
 - 4. Commitments and contributions relevant to the resources needed throughout this project.; and,
 - 5. How it reaches non-traditional groups and youth to enlist their involvement.
 - 6. (If applicable, relevant Letters of Participation from partners may be added in **Attachment D** of your submission.)
- C. Based on discussions with your Community Partnership, identify the risk and protective factors relevant to binge drinking among youth and young adults ages 12-25 and related community problems.
- D. Describe the current resources (strengths) in your focus community that can be mobilized to change attitudes and practices toward binge drinking and related community problems (e.g., faith community, businesses, non-profit groups, current service providers, media, etc.) by providing services, funding or other in-kind assistance to ensure the success of this project.

Section II: Statement of Problem and Vision (15 points)

- A. Identify data available for the focus community that substantiates the nature and extent of binge drinking and related community problems.

- B. Describe the problems of concern in the focus community associated with binge drinking among 12-25 year olds and community problems related to this.
- C. Explain why an environmental/public policy approach would be effective in addressing the problems stated in B.
- D. What challenges do you face implementing effective environmental/public policy strategies applicable to the binge drinking problems stated in B?
- E. Make a statement of purpose for your proposal in terms of the desired outcomes in Phase I.

Section III: Goals and Measures (10 points)

- A. Clearly state Phase I goals and objectives of your proposal that lead to attaining the statement of purpose (Ref: your reply to Section II, E).
- B. Identify which GPAC Binge Drinking Strategic Plan goals and objectives are most relevant to your selected focus community in Section II: B, Problem Statement above. (GPAC Binge Drinking Strategic Plan attached and on web site at <http://www.adp.ca.gov/Prevention/sig.shtml> .)
- C. Identify which Performance Partnership Grant (PPG) Youth Core and Optional Effectiveness Measures (community and environmental) and PPG Young Adult Measures would be used in your efforts. (Ref: your reply to Section II: B above and Appendix C: 13 PPG Core Effectiveness Measures.)

Section IV: Project Planning in the First Year¹² (25 points)

- A. Write a work plan that includes the major goals and objectives for Phase I (year 1) including when and how they will be met. **(Include this as Attachment A in your application.)** Note individuals/position descriptions or organizations responsible for major deliverables. Include at least the following elements:
 - Community needs assessment
 - Community resource assessment
 - Work with SIG Technical Assistance
 - Community readiness and mobilization (evidence of Community Partnership involvement and activities)
 - Prevention plan that contains a logic model
 - Select evidence-based community prevention strategies emphasizing Environmental/Public Policy Approaches
 - Engage local evaluator and establish evaluation plan
 - Data reporting and work with statewide SIG evaluator
 - Phase II Work Plan
 - Phase II Implementation Budget
 - Phase II Budget Narrative

¹² Appendix C, C: 11, ADP Prevention Business Practices, step 3: Outcome objectives and measures

- Sustainability Plan
- B. Provide a brief narrative about how the community partnership will be developed and involved during the first year.
 - C. If any, discuss potential barriers in completing first year goals and objectives. What technical assistance would be needed to ensure success?

Section V: Measurement and Evaluation (10 points)

- A. Describe how you will identify an appropriate evaluator and the role of the evaluator in your Phase I Planning Year objectives.
- B. Briefly describe your current data management capability, policies and procedures. How is data obtained, tracked, warehoused and shared?
- C. How do you use data for prevention planning, setting priorities, assessment of results and making program improvements?
- D. Provide a brief evaluation plan for Phase 1 activities, including how the applicant will ensure cultural competency of the evaluation.

Section VI: Organizational Capacity and Sustainability (15 points)

- A. Describe the capacity and experience of the applicant and participating organizations to oversee (e.g., contracting, accounting, project monitoring), implement, and obtain evaluation of the grant. Include an organizational chart as **Attachment B** in your application showing participants and relationships that will be involved.
- B. List key staff who will participate in the project, briefly describing their function and qualifications as well as level of effort. Indicate if they include any members of the focus community.
- C. If the applicant is not a County AOD Office, indicate how the county AOD office will be involved in the grant. (If this applies, also see Application Guidelines, page 14 and requirement for **Attachment C** MOU regarding use of first right of refusal.)
- D. Describe your organization's experience working with local communities to plan, coordinate, develop and apply evidence-based prevention programs/theories using environmental/public policy strategies.
- E. Describe how the SIG community approach to planning and delivering prevention will be incorporated into the county prevention delivery system as a sustainable business practice.

Grant Project Budget (20 Points)

The grant project budget includes a **Detailed Budget Estimate** and **Budget Justification Narrative**, each worth 10 points. Both must be prepared according to the instructions and

examples given in Appendix A. Failure to supply budget information will disqualify the application. The Detailed Budget Estimate form is also available online at <http://www.adp.ca.gov/Prevention/SIG.shtml>. Applicants may reproduce a computer version of the Detailed Budget Estimate provided that the reproduced copy captures all of the categories shown on the original form.

Applicants must submit a detailed, one-year, line item budget that includes all costs associated with the program. Applicants must plan and budget for sufficient project director time to ensure program accountability, oversight, and compliance with the grant agreements. All positions involved with the grant should include their percentage of time allocated to the grant.

Important: The budget narrative is described in Appendix A; be sure you include:

- Explanation/justification of each line item and a breakdown of cost estimates;
- Job descriptions and resumes for all project staff to be paid under the grant, as well as any in-kind or volunteer positions;
- If new staff are to be hired, describe the qualifications and experience key staff must have who are responsible for planning and implementing the program; and
- Describe how the staff is reflective of the focus community (i.e. racial, ethnic and language needs)

The following general provisions apply:

- ADP reserves the right to modify any requests that are deemed excessive, including individual budget line item requests.
- Applicants must comply with the Non-supplant Certification.

IV. Assurances

As the duly authorized representative of the applicant, I assure that the:

1. Applicant has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in this application.
2. Programs/activities will help individuals choose to forego or quit the use of alcohol, tobacco, and/or other drugs.
3. Applicant will fully participate with the State Incentive Grant evaluator, California State University, Long Beach (CSULB), and participate in national cross-site evaluation.
4. Applicant will give the United States Department of Health and Human Services, the Comptroller General of the United States, the Department of Alcohol and Drug Programs, and if appropriate, the state auditor, through any authorized representative, access to and right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directive.
5. Applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
6. Applicant will initiate and complete the work within the applicable time frame after receipt of approval of the application.
7. Applicant will comply with the Intergovernmental Personnel Act of 1970 (42 USC §§4728-4763) relating to prescribed standards for merit systems for programs funded under any of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
8. Control of funds provided under this program and title to property acquired with program funds will be in a public agency, a nonprofit private agency, institution, or organization, or an Indian tribe.
9. A public agency, nonprofit private agency, institution, or organization, or Indian tribe will administer those funds and property to the extent required by authorizing law.
10. Applicant will adopt and use proper methods of administering the programs/activities including:
 - a) The enforcement of any obligations imposed by law on agencies, institutions, organizations, and other recipients responsible for carrying out each program;
 - b) The correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation; and
 - c) The adoption of written procedures for the receipt and resolution of complaints alleging violations of law in the administration of programs.
11. Funds received under this grant program will be used to supplement, not supplant, non-federal funds.

12. Applicant will comply with all requirements imposed by the Department of Alcohol and Drug Programs concerning special requirements of law, program requirements, and other administrative requirements.
13. The program will be administered in accordance with all applicable statutes, regulations, program plans, and applications (Section 516 of the Public Health Services Act, as amended (42 USC § 290bb-22 and 45 CFR Part 74 or 92). The applicant will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this program.
14. Applicant will comply with all state requirements relating to nondiscrimination: During the performance of this agreement, grantee and any subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. Grantee and subcontractors shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provisions of the Fair Employment and housing Act (Government Code Section 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 1, Section 7285 et seq.). The applicable regulations of the Fair Employment Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof, as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

Applicant will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title IV of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis drug use; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) title VIII of the Civil rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provision in the specific statute(s) under which application for federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to this application.

Applicant shall include the nondiscrimination and compliance provisions of this clause in all subcontracts/subgrants to perform work under this Agreement.

Applicant will post, and further will require its contractors, subcontractors, or subrecipients to post, in conspicuous places, notices available to all employees and applicants for employment setting forth the provisions of the Equal Opportunity Act [42 USC 2000(e)] in conformance with Federal Executive Order No. 11246.

Under the laws of the State of California, that Applicant and its contractors, subcontractors, or subrecipients shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by state and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, CFR, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq.); Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the CCR, commencing with Section 10800.

Applicant shall establish written procedures under which service participants are informed of their rights including their right to file a complaint alleging discrimination or a violation of their civil rights. Participants in programs funded hereunder shall be provided a copy of their rights that shall include the right of appeal and the right to be free from sexual harassment and sexual contact by members of the treatment, recovery, advisory, or consultant staff.

15. Applicant will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
16. Applicant will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.) (f) conformity of Federal Action to State (Clear Air) Implementation Plans under Section 176 (c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
17. Applicant will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
18. Applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

V. Certifications

Certification — Debarment, Suspension, and Other Responsibility Matters

The applicant and subrecipients must not make any award or permit any award (subgrant or contract) at any tier to any party that is debarred or suspended or is otherwise excluded from or ineligible for participation in federal assistance programs (45 CFR Part 76).

- A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:
- is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - has, within a three-year period preceding this application, been convicted of, or had an adverse civil judgment entered in connection with, fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated above, and
 - has not, within a three-year period preceding this application, had one or more public transactions (federal, state or local) terminated for cause or default;
- B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.
- C. The applicant agrees by submitting this proposal that it will include, without modification, the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions” in all lower tier covered transaction (i.e., subcontracts for financial assistance and subcontracts for goods and services) in accordance with 45 CFR Part 76. That clause reads: “(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.”

Certification—Drug-Free Workplace

This certification is required under the laws of the State of California implementing the Drug-Free Workplace Act of 1990 (California Government Code Section 8350 et seq.). The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace.

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the applicant will provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing a drug-free awareness program to inform employees about—
 - the dangers of drug abuse in the workplace,
 - the grantee's policy of maintaining a drug-free workplace,
 - any available drug counseling, rehabilitation, and employee assistance programs, and
 - the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the grant will—
 - receive a copy of the agency's drug-free workplace policy statement; and
 - agree to abide by the terms of the statement as a condition of employment under the grant.

Failure to comply with these requirements may result in the suspension of payments under the agreement or termination of the agreement, or both, and grantee, subcontractor, or subcontractor may be ineligible for award of any future state agreements if the Department of Alcohol and Drug Programs determines that any of the following have occurred: (1) the grantee, contractor, or subcontractor has made a false certification, or violated the certification by failing to carry out the requirements as noted above.

Certification -Lobbying Activities

As required by Title 31, USC, Section 1352, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;

- B. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- C. The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Certification –Program Fraud Civil Remedies Act (PFCRA)

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and that I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree that the applicant organization will comply with the terms and conditions of award if a grant is awarded as a result of this application.

Certification –General Terms and Conditions

It is understood and agreed by the Project Director and the Authorizing Official that any grant received as a result of this application is subject to the State Incentive Grant General Terms and Conditions, incorporated here by reference, and available on-line at <http://www.adp.ca.gov/Prevention/SIG.shtml>.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

VI. Post Award Actions

After the Notice of Grant Agreement (**NOGA**) has been formally signed by all parties, grantees must utilize the technical assistance services provided by ADP, ensure compliance with SIG requirements and performance expectations, and work with the SIG evaluation contractor.

Subgranting/Subcontracting

Subgranting and subcontracting are allowed under this grant program.

Subgranting—the grantee must have legal authority to subaward. Legal authority can be in the form of a city or county ordinance or a resolution from the relevant governing body, such as the county board of supervisors or city council. Private entities must have received the authority to subgrant from management or relevant policy-setting bodies. The authority should come from the board of directors if the organization is a non-profit.

1. If the grantee has such authority, it can use a subgrant to award federal financial assistance to carry out elements of the SIG grant program. Entities receiving federal financial assistance under a grant are defined as “subrecipients.”
2. Without the authority to subaward, the grantee must use a procurement contract.
3. Subgrants may not be used to purchase goods and services (see subcontracting, below).

Subcontracting—the grantee may conduct the complete project or may engage local, direct prevention programs to perform elements of the program. Counties who elect to subcontract elements of the program must have a formal contract or Memorandum of Understanding (MOU) in place with the subcontractor prior to program implementation. These contracts or MOUs must be approved by ADP prior to execution.

1. For federal financial assistance to carry out elements of the SIG program if the grantee does not have the authority to subgrant. Entities receiving federal financial assistance via a contract are defined as “subrecipients.”
2. To procure goods and services ancillary to the SIG program. Entities receiving payments for providing goods and services ancillary to the program are defined as “vendors.”

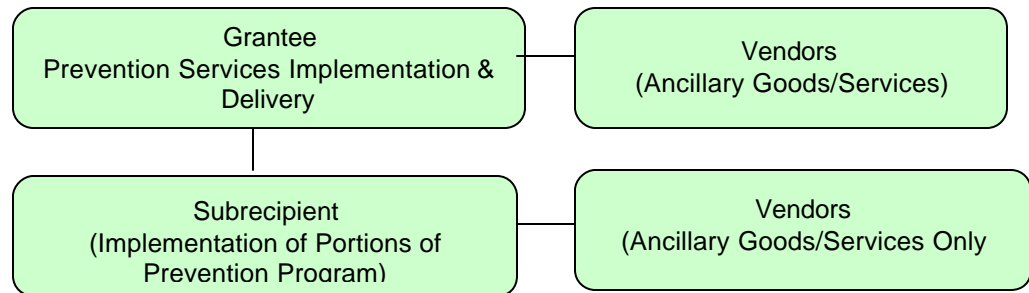
Grantees may directly enter into grants/contracts with no more than two subrecipients if necessary to carry out the proposed program. Subrecipients may enter into contracts with vendors to provide goods and services necessary to carry out the program. Subrecipients may not subgrant/subcontract for elements of program implementation. However, subrecipients may enter into contracts to provide goods and services ancillary to the program.^{13 14}

The applicant must assure that their subrecipients are the direct providers of prevention program implementation.

¹³Appendix D: Subcontracting

¹⁴Illustration to follow

Illustration of Allowable Subcontracting



Use of Funds

The following documents govern, regulate, and provide guidance for the use of the SIG grant funds:

- 42 USC 290bb-22 (<http://uscode.house.gov/uscode-cgi/fastweb.exe?search>)
- The PHS Grants Policy Statement (<http://grants.nih.gov/grants/policy/gps/index.html>)
- 45 CFR Part 74 or 95, as applicable
(http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfrv1_02.html)
- OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments
(<http://www.whitehouse.gov/omb/circulars/a087/a087-all.html>)
- OMB Circular A-122, Cost Principles for Non-Profit Organizations
(<http://www.whitehouse.gov/omb/circulars/a122/a122.html>)
- OMB Circular A21, Cost Principles for Educational Institutions
(<http://www.whitehouse.gov/omb/circulars/a021.html>)

Reporting Requirements

Quarterly progress reports and claim forms are due no later than 30 days after the close of each calendar quarter. A comprehensive annual report at the end of each project year is due 30 days after the end of the project year. A final performance report will be due 45 days after the end of the grant period (end of Year Three). Additional information about the progress report and claim forms and other requirements will be included in the Terms and Conditions.¹⁵

Grant Payments

This is a cost reimbursement grant program. Applicants must be financially capable of incurring all program costs until reimbursed by ADP.

Payments are made to the county quarterly in arrears, after the progress reports showing completion of the work plan tasks and the corresponding claim forms have been submitted. Claim forms will be reviewed for accuracy and completeness by the ADP county analyst who will approve payment to the grantee.

¹⁵Appendix E: Terms and Conditions

SIG Evaluation

CSAP requires that SIG states and their grantees participate in the National Cross-Site Evaluation of the State Incentive Grant Program. Grantees are required to participate in state- and local-level SIG evaluation processes, including all appropriate core measures.

Grantees are required to budget for a minimum of two visits to Sacramento each year for SIG sponsored focus groups, training programs, and TA workshops. Grantees are also required to attend and participate in program site and technical assistance visits. Grantees are required to work in conjunction with the California SIG project evaluator to facilitate program evaluation activities throughout the three-year project period.

Compliance Review

PSD county analysts will monitor grantees and programs for compliance with the requirements of the grant agreement and will review work plans, budgets, invoices, claim forms, and performance progress reports. Analysts may conduct periodic program reviews through county office and program site visits, and through attendance at program activities and training events. Analysts will also assess information gathered from audits. Each grant will be monitored to ensure quality programs, coordination of efforts, and compliance with SIG requirements. If it is determined that programs are not meeting the SIG requirements, mutually agreed upon steps will be developed to resolve issues regarding compliance. If a resolution of issues or compliance is not reached, the grant may be terminated at the discretion of ADP with 30 days notice to the grantee.

Appendix A: Grant Project Budget Instructions

General Instructions

In completing the Detailed Budget Estimate and the accompanying Budget Justification Narrative, the following will be considered in scoring:

- The completeness, appropriateness, relevance, and cost effectiveness of the budget relative to the information provided in the Technical Proposal (Section IV). Mathematical or typographical errors could result in a lower score.
- Whether the program services and costs are allowable under the CSAP SIG Program authorized under 72 USC 290bb-22, the PHS Grants Policy State, 45 CFR Parts 74 or 9, as applicable, and applicable OMB Circulars as outlined in Appendix D, Determining Allowable Costs.
- Whether the accompanying narrative adequately explains and justifies the expenses provided in the budget.

Applicants **must submit a detailed**, one-year line item budget. Failure to supply budget information **will** result in rejection of application.

- These SIG prevention funds may NOT be used for substance abuse treatment services.
- The budget must provide for two, two-day trips per year to technical assistance and training workshops in Sacramento, California.
- Construction and renovation costs are **not allowable** under this grant program. Moreover, applicants should consider not creating excessive staff-intensive programs and budgets that may hamper efforts to sustain the program once SIG funding has ended.
- Indirect costs are allowable for direct service line items only (not contractual services) and cannot exceed 8 percent. You may use your approved indirect cost rate or 8% of the sum of Personnel, Travel, and Other Direct Costs, whichever is less.
- Applicants must budget 10% of the total grant award for an evaluation set aside for program evaluation activities. Include these costs under “Contractual Services” in your budget estimate. Applicants are advised not to enter into a contract with an evaluator until after the California SIG Project has provided the requisite criteria for program evaluators. This information will be provided at the first meeting to be held in Sacramento which will cover grant implementation.
- Because subawards and subcontracts must be approved by ADP before they are authorized, please do not provide the name of the subrecipient or vendor in the budget. Rather than the vendor name, use descriptive titles such as “Evaluation Services” and the estimated cost of the contract. In the budget narrative, use the descriptive titles listed in the budget and provide a brief description of the work the subrecipient or vendor will perform. Include estimated subrecipient budgets for program implementation.

A. Detailed Budget Estimate – 10 points

1. Complete the Detailed Budget Estimate for **Year One** using the Budget Preparation Instructions.
2. Provide the name and contact information for the person completing the budget on the Detailed Budget Estimate.
3. Use the budget form provided, or an electronic copy available at <http://www.adp.ca.gov/Prevention/SIG.shtml>. Space is provided on the form to estimate

costs up to a maximum three-year period, but only one year is required at this time. Costs are divided into five categories. List costs in only those categories that pertain to your project.

PLEASE USE WHOLE DOLLAR AMOUNTS. ROUND UP FIGURES \$.50 AND ABOVE, AND DOWN FOR AMOUNTS LESS THAN \$.50 TO THE NEAREST DOLLAR.

Cost categories and suggestions for applicable costs are:

- a) Personnel Costs—Enter titles of positions to be used, monthly or hourly salary and percentage applicable to the project. The budget narrative should include the yearly salary upon which this percentage is based. Reasonable cost of living increases or merit increases should be estimated and included on the form and explained in the budget narrative. Extend computations to fiscal year columns. Subtotal the salaries and add the amounts required to cover related employee benefits.
 - b) Travel Expense—Enter estimated cost of employee travel related to the projects. Cost items include transportation and per diem and must be segregated into “in-state” and “out-of-state” travel. All out-of-state travel must have the approval of the SIG Project Manager to be considered allowable.”
 - c) Other Direct Costs—These costs include all other direct expenditures. They include, but are not limited to, office supplies, printing, computers, public education and awareness materials, meeting room rental, etc. Include a separate line item for each item of cost. Equipment purchases must be under \$5000.
 - d) Indirect Costs—Costs which, by their nature, cannot be charged directly to a project. Counties may use their approved Indirect Cost Rate or the restricted Indirect Cost rate of eight percent, whichever is less. The rate cannot exceed eight percent, and applies only to the “Personnel”, “Travel”, and “Other Direct Costs” budget categories.
 - e) Contractual Services—Procurement contracts for goods and services must be competitively bid (See Title 45, Part 92 Uniform Administrative Requirements for Grants and Cooperative Agreements, Section 36(b)). Enter the estimated cost of work to be performed by each subrecipient or vendor. Use descriptive titles such as “Technical Assistance,” “Evaluation.”
- PLEASE NOTE THAT A SEPARATE BUDGET FORM AND BUDGET JUSTIFICATION NARRATIVE MUST BE PROVIDED FOR EACH SUBRECIPIENT OR VENDOR.**

Note: Applicants should ensure that the budget totals add correctly on the Detailed Budget Estimate. The “Total Budget Estimate All Categories” line reported on the Detailed Budget Estimate must be the same as the “Funds Requested” section on Appendix B, Application Signature Sheet.

B. Budget Justification Narrative – 10 points

- 1. All line item expenditures included in the Detailed Budget Estimate must be explained and justified in the budget narrative.
- 2. The budget narrative totals must correspond to the Total Budget Estimate All Categories line item using the Detailed Budget Estimate Form¹⁶
- 3. Narrative details should be easily mapped and matched to the budget summaries presented on the Detailed Budget Estimate.
- 4. Clearly explain how the cost estimates were arrived at and justify why the costs are needed.

¹⁶ Appendix B: Forms, Sample Budget

5. Check calculations.

Cost categories and suggestions for applicable costs are:

- a) Personnel Costs—explain all personnel salaries that are identified in the budget, being sure to itemize employee fringe benefits and rates. Personnel requests must include the percentage of time to be charged to the grant for the requested position(s) (25%, 50%, etc.) and the monthly or hourly rate of pay for the requested positions.¹⁷ Provide the percentage, rate, fee, amount, etc., for each fringe benefit individually. If benefits or rates differ between personnel, each must be itemized and totaled separately.
- b) Travel expense—identify proposed major project-related trips for employees to be funded under this project. County employees will follow their respective county travel and per diem guidelines. State travel and per diem rates apply to all other individuals. Use the budget narrative to explain the guidelines/policies used to develop travel costs.
- c) Other Direct Costs—provide a brief description of each item identified in this budget category, its intended use, and how costs were determined. Please do not list brand names. Please do not lump together items of cost. For example, list supplies on one line item and explain what they are in the narrative. List public education and awareness materials in another line item, and use the narrative to explain what you anticipate the items will be, how they will be used, and how you arrived at the cost, and so on.
- d) Indirect Costs—indicate the rate used and how it is applied in this project.
- e) Contractual Services—provide a brief description of the work each subrecipient, vendor, agency, or person will provide. Use the descriptive name(s) used on Detailed Budget form. Provide the hourly rate of pay for all requested consultant/contractual services positions. ADP reserves the right to limit the amount allowed for consultant/contractual services requests. Provide job descriptions for all contractual/consultant services positions that will be paid out of federal funds. Provide a copy of the contract document, if available. If other than personnel costs are involved, include an itemized budget reflecting cost for each project year. A separate budget form and narrative must be provided for each subrecipient providing program implementation services. Subrecipients are limited to the 8 percent administrative cap.

C. **Determining Allowable Costs**

There are basic principles for determining allowable costs. The application of these principles is based on the fundamental premises that:

- a) Costs must be allowable, allocable, and reasonable.
- b) Costs must be consistent with the statute and the applicable federal requirements:
 - *Cost Principles for State, Local and Indian Tribal Governments* (Office of Management and Budget Circular A-87). If the sub-recipient is a non-profit organization, OMB Circular A-122 applies to the subrecipient. OMB Circular A-133 “Audits of States, Local Governments, and Non-Profit Organizations”, applies to recipients and sub-recipients. If the sub-recipient is an educational institution, OMB Budget Circular A-21: Cost Principles for Educational Institutions applies to the sub-recipient.
- c) Applicants are responsible for the effective and efficient administration of the project through the application of sound management practices.
- d) Allowable costs and principles apply to this grant as well as sub-contracts/grants to sub-recipients.

¹⁷ Appendix B, Sample Detailed Budget Estimate, A. Personnel Costs

- e) Only those budgeted costs included in the project agreement and supported by proper source documentation are eligible for reimbursement.
- f) Expenditures must be made within the period of availability of funds to be eligible for reimbursement.
- g) Costs incurred under one project shall not be shifted to another project.

Additional Information

The following information is intended only to provide assistance in preparing project budgets. All program expenditures should be closely correlated to program activities and outcomes.

Entertainment

Costs of entertainment, including amusement, diversion, and social activities and any cost directly associate with such costs (such as tickets to shows or sports events, meals, lodging, rental, transportation, and gratuities) are not allowable.

Transportation Costs

Costs for transportation are allowable if considered a necessary program expense and are reasonable. Purchasing vehicles such as vans or automobiles is not an allowable expense. Leasing of a vehicle may be allowable if an adequate justification is provided that clearly delineates the necessity for the program, the cost is reasonable, and the lease is not with an option to buy. Fuel and maintenance costs are allowable only to the extent they relate to program use. Costs of insurance in connection with the general conduct of activities are allowable subject to the following limitations:

Types and extent and cost of coverage will be in accordance with general state or local government policy and sound business practice.

Costs of contribution to any reserve covering the risk of loss of, or damage to, federal government property are not allowable. (OMB Circular A-87).

Travel

Applicants must budget sufficient travel costs to attend all California SIG programs and activities to be held in California. The county will be responsible for compliance and adherence to the following travel guidelines:

- a) County employees will follow their respective county travel and *per diem* guidelines.
- b) State travel and *per diem* rates apply to all other individuals.
- c) Out-of-state travel that is identified in your budget is considered approved once the budget has been approved; however, if it is must be pre-approved by the PSD county analyst if not previously identified in the budget.

Office Space

Any applicant requesting federal funds for shared office space must justify the cost.

Computer Purchase and Expenses

Purchases of computers and peripherals (such as software) are allowable, as are other supplies expenses if they are less than \$5,000. Need for such purchases must be justified and reasonable, and be used directly for the program funded by this grant.

Conference and Other Training Expenses

These are allowable to the extent that the program can clearly identify the need for the training and how it relates to the goals and objectives and outcomes of the program. Travel guidelines apply. Costs for speakers or other trainers are allowable for educational purposes.

Participant Support Costs

Participant support costs are direct costs for items such as stipends, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with meetings, conferences, symposia, or training projects. These costs are allowable with prior approval of ADP.

Non-county employees will follow state guidelines for travel and per diem. The county will be responsible for compliance and adherence to these guidelines. PSD county analysts will request information about the purpose and overall cost of travel that occurs within a given quarter through the quarterly report and claim form. Please list as Participant Support Costs in the Other Direct Costs Category of the budget. Please justify purpose of training and how costs were determined.

Appendix B: Forms

California Department of Alcohol and Drug Programs

State Incentive Grant

County Grant Application Signature Sheet County: Name of the County	<input type="checkbox"/> MBA (under 75,000) <input type="checkbox"/> Small (75,000-225,000) <input type="checkbox"/> Medium (225,000-700,000) <input type="checkbox"/> Large(Over 700,000)
Single Point of Contact: Name of Administrator Address (if different than above)	Phone: Fax: E-mail:

Legal Applicant: Name of Agency Address City, Zip Federal Tax ID No.:	Project Title: Working Title of Project
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Brief Project Description: (In approximately 100 words, summarize the proposed project plan covering the objectives, method of procedure, evaluation and end product.)
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County AOD Administrator: Name of Administrator Address (if different than above) Phone: Fax: E-mail:	Project Director: Name of Project Director Address (if different than above) Phone: Fax: E-mail:
Fiscal or Accounting Official: Name of Official Address (if different than above) Phone: Fax:	Office Authorized to Receive Payments: Name of Official Address (if different than above)
If the County Administrator is not authorized to sign the Notice of Grant Award, list name and title of individual who will sign: Name of Official Title	

Funds Requested: Total grant period: \$ xx Year 1: \$ xx

Certifications

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that filing of the application has been duly authorized by the governing body of the applicant and that applicant will comply with the assurances required of applicants if the assistance is approved.

Signature _____ Date: _____
 Name: _____
 Title: _____

Grant No: xxx

County: Noga County

COST CATEGORY	BUDGET YEAR ESTIMATES (Do not complete the shaded areas)			TOTAL COST TO PROJECT
	YEAR 1	YEAR 2	YEAR 3	
A. PERSONNEL COSTS		Shaded for Future Use		
<u>Prevention Specialist 1</u> (1.5 FTE)				
3 months @ \$2,657 (1-1-03 to 3-31-03)	\$ 12,430			\$ 12,430
9 months @ \$2,790 (4-1-03 to 12-31-03)	37,665			37,665
12 months @ \$2,985 (1-1-04 to 12-30-04)				
12 months @ \$3,194 (1-1-05 to 12-31-05)				
<u>Administrative Assistant 1</u> (0.5 FTE)				
3 months @ \$1,825 (1-1-03 to 3-31-03)	2,738			2,738
	8,789			8,789
9 months @ \$1,953 (4-1-03 to 12-31-03)				
12 months @ \$2,090 (1-1-04 to 12-30-04)				
12 months @ \$2,236 (1-1-05 to 12-31-05)				-
Employee Benefits @ 40%	24,649			24,649
Total Personnel Costs	\$86,271			\$86,271
B. TRAVEL EXPENSES				
Travel to remote areas of county, 80 mi. rt. to Big Oak and 88 mi. rt. to Cottonwood twice a week @ 0.365/mi	\$6,263			\$6,263
Training conference, 2 people @ 700 ea.	1,400			1,400
Policy Council 2 times a year	1,050			1,050
Total Travel Expenses	\$8,713			\$8,713
C. OTHER DIRECT COSTS				
1personal computer with perepherials @ \$2,793, including shipping and taxes	\$2,793			\$2,793
Participant support costs -stipends	822			822
Participant support costs -training conferences	2,077			2,077
Public education and awareness - T-shirts	1,500			1,500
Public education and awareness - Video Message Pens	2,300			2,300
Printing for posters and advertising	500			500
Office supplies and materials	2,250			2,250
Total Other Direct Costs	\$12,242			\$12,242

E. INDIRECT COSTS				
Total Indirect Costs @ 8%	\$8,578			\$8,578
F. CONTRACTUAL SERVICES				
Evaluation -	\$20,000			
Total Contractual Services	\$20,000			\$20,000
TOTAL BUDGET ESTIMATE ALL CATEGORIES	\$135,804			\$135,804

Appendix C: Resource Guide

Appendix C provides a common ground for applicants. It is not intended to be the only information needed or desired, but simply a reference source taken from sources that offer further information that may be worth using as primary and possibly more current information.

Sections that follow are:

- C:1 Definitions & Prevention Concepts
- C:2 Data Collection Resources
- C:3 Theories of Change
- C:4 Prevention Principles and Research Findings
- C:5 Science Based Programs (CSAP Levels)
- C:6 Model Programs and Best Practice Selection
- C:7 Best Practices listed on CSAP WestCAPT web site
- C:8 Institute of Medicine (IOM) Intervention Classifications
- C:9 Resources
- C:10 Results-Focused Outcomes
- C:11 ADP Prevention Business Practices
- C:12 Evidence-Based Prevention and Related Requirements
- C:13 Youth and Young Adult PPG Core Effectiveness Measures

C:1. Definitions & Prevention Concepts

This section is provided to reduce assumptions and misunderstanding. Although these are commonly accepted definitions, multiple definitions and imprecise usage has evolved for many ATOD prevention terms.

Adaptation: Deliberate or accidental modification of the program, including (a) deletions or additions (enhancements) of program components, (b) modifications in the nature of the components that are included, or (c) changes in the manner or intensity of administration of program components called for in the program manual or curriculum. (CSAP's "Finding the Balance")

AOD/ATOD: This acronym for "alcohol and other drugs" denotes any beverage containing alcohol (such as beer, wine, and whiskey) and other drugs (licit and illicit). Also appears as "ATOD" when addressing tobacco as well. For purposes of the SIG, the primary focus is AOD.

(AOD) Prevention Field: Entities involved in AOD prevention programs or initiatives, which include community-based organizations or local groups, faith communities, school systems, AOD prevention service programs/providers, county alcohol and drug administrators, ADP, and other local, county and state government agencies.

Archival Data: This is information stored or archived on a periodic basis, and it is generally the simplest kind of data to gather. All types of agencies keep records and collect data – school districts, police departments, hospitals, health departments, etc. Often these data can be used directly or indirectly to establish an overall picture of substance abuse (and risk and protective factors) within the geographic area served by an agency.

ATOD: Acronym for alcohol, tobacco, and other drugs.

Baseline Data: Baseline data is the initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at program completion.

Binge Drinking: Five drinks for males and four for females at one sitting. [Note: Does not assess variables such as duration of consuming the drinks, setting, body weight or responder's understanding of "a drink."]

Community: For purposes of this RFA communities are defined by geographic boundaries such as neighborhoods, districts, or areas which can be identified as a specific community within a county.

Community

Community can be defined on the basis of: 1) organization such as a business or agency; 2) institutions such as higher education; 3) self-identity groups such ethnic, racial, age, faith, national origin, etc.; 4) tribal communities and governments; 5) affinity groupings, such as by socioeconomic status, occupation, profession, gender, sexual orientation, political or social interest; as well as by 6) geographic boundaries. (Prevention Advisory Task Force, 2002)

Community Prevention

Community population based approaches and strategies are designed to reduce and manage the community-level risks and problems related to the availability and use of alcohol and other drugs. The foundation of Community Prevention is the establishment and maintenance of alcohol and drug related community values and norms which promote and support the health and safety of community members. The primary concern of Community Prevention are the policies, settings, conditions and behaviors which impact alcohol and drug related community risks and consequences.

Community Prevention includes the following steps:

- 1) Analyzing the factors that contribute to identified Alcohol and Other Drug (AOD) problems.
- 2) Reviewing community policies, services and resource.
- 3) Designing an overall AOD community prevention strategy.

The process includes assessing community readiness, mobilizing the community, collecting and organizing the data, identifying and prioritizing community AOD problems and risk factors, determining community assets and resources, developing and implementing a comprehensive community prevention plan, and the ongoing evaluation of the process and outcomes of the community activities.

Specific interventions can include policy advocacy, environmental measures, targeted media campaigns and advocacy, community education programs (for both the overall community and targeted groups), and prevention services for groups at high risk of contributing to community AOD problems.

Effective Community Prevention includes the following characteristics:

- It is systemic
- It is inclusive
- It is culturally competent

- It is comprehensive
- It is integrated
- It builds capacity

Core Components: Program elements that are demonstrably essential to achieving positive outcomes.

CSAP's Core Measures: As used in CSAP terminology, a compendium of data collection instruments that measure those underlying conditions – risks, assets, attitudes, and behaviors of different populations – related to the prevention and/or reduction of substance abuse.

CSAP's Six Strategies: As outlined in the Code of Federal Regulations:
TITLE 45--PUBLIC WELFARE AND HUMAN SERVICES
PART 96--BLOCK GRANTS--Table of Contents

Subpart L--Substance Abuse Prevention and Treatment Block Grant
Sec. 96.125 Primary Prevention

(a) For purposes of Sec. 96.124, each State/Territory shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The comprehensive program shall be provided either directly or through one or more public or nonprofit private entities. The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

(b) In implementing the prevention program the State shall use a variety of strategies, as appropriate for each target group, including but not limited to the following:

(1) Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Clearinghouse/information resource center(s);
- (ii) Resource directories;
- (iii) Media campaigns;
- (iv) Brochures;
- (v) Radio/TV public service announcements;
- (vi) Speaking engagements;
- (vii) Health fairs/health promotion; and
- (viii) Information lines.

(2) Education: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Classroom and/or small group sessions (all ages);
- (ii) Parenting and family management classes;
- (iii) Peer leader/helper programs;
- (iv) Education programs for youth groups; and
- (v) Children of substance abusers groups.

(3) Alternatives: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Drug free dances and parties;
- (ii) Youth/adult leadership activities;
- (iii) Community drop-in centers; and
- (iv) Community service activities.

(4) Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Employee assistance programs;
- (ii) Student assistance programs; and
- (iii) Driving while under the influence/driving while intoxicated education programs.

(5) Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (i) Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training;
- (ii) Systematic planning;
- (iii) Multi-agency coordination and collaboration;
- (iv) Accessing services and funding; and
- (v) Community team-building.

(6) Environmental/Public Policy Strategy: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy include (but are not limited by) the following:

- (i) Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- (ii) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;

- (iii) Modifying alcohol and tobacco advertising practices; and
- (iv) Product pricing strategies.

Cultural Competency: Cultural competency may be defined as understanding and appreciating the cultural differences and similarities within, among, and between groups. Prevention staff should work with community residents to develop culturally competent interventions and communications, to avoid stereotypes and biases, to focus on the positive characteristics of a particular group, to instill prevention activities that take into account cultural differences, and to use language and terminology that will best convey prevention messages to a particular group. Cultural competency includes the ability to interact with individuals and communities in ways that demonstrate understanding, caring, and valuing of the unique characteristics of those served, including the cultural differences and similarities within, among, and between groups.

Effective Program: An effective program includes elements and activities that are derived from established theory or a research-based conceptual framework, demonstrates practical utility for the prevention field. Effective programs are prevention programs that are well-implemented, well-evaluated and produced a consistent positive pattern of results across measurement domains and replications (if implemented with sufficient fidelity). Programs must score at least 4.0 on a 5-point scale on parameters of Integrity and Utility using National Registry of Effective Programs (NREP) review criteria. (See also Science-based)

Environmental Prevention: Environmental strategies involve changing aspects of the environment that contribute to the use of alcohol and other drugs; specifically by limiting access to substances and changing social norms that are permissive of substance abuse in order to decrease the social and health consequences of substance abuse.

Evidence-based Prevention:

A classification for programs that have been shown through scientific study to produce consistently positive results. These are strategies or programs that demonstrate some level of evidence that they are effective. This term is synonymous with research-based and science-based. For a conceptual hierarchy of programs, see

http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list

Fidelity: The rigor with which an intervention adheres to the developer's model. It is the degree of fit between a program developer's defined core components of a substance abuse prevention program and its actual implementation in an organizational or community setting. These core components are specified in a program manual or curriculum; the program's elements may also be presented in a logic model based on an underlying theory of change. The "fit" or precision of a program's implementation can be measured using a fidelity instrument. (See also Science-based)

Fidelity/Adaptation Balance: A dynamic process, often evolving over time, by which implementation of an evidence-based substance abuse prevention program addresses both the need for fidelity to the program and the need for local adaptation. (CSAP's "Finding the Balance")

Fidelity Instrument: A written form that gathers information about fidelity/adaptation balance. (CSAP's "Finding the Balance")

Goal: The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

In-kind:

Third party in-kind contributions mean property or services which benefit a federally assisted project or program and which are contributed by non-federal third parties without charge to the grantee, or a cost-type contractor under the grant agreement. (45 Code of Federal Regulations Section 92.3)

Incidence: A measure of the number of people (often in an identified population) who have initiated a behavior (new cases of drug, alcohol, or tobacco use) during a specific period of time.

Indicator: A substitute measure for a concept that is not directly observable or measurable (e.g., prejudice, substance abuse). For example, an indicator of “substance abuse” could be “rate of emergency room admissions for drug overdose.” Because of the imperfect fit between indicators and concepts, it is better to rely on several indicators rather than just one when measuring this type of concept.

Insufficient Current Support: Insufficient current support refers to programs that require additional data or details before they can receive a score warranting a level of effective or promising. Programs that score less than 3.33 on Integrity or Utility parameters using the NREP review criteria– which are placed in the category of Insufficient Current Support – may be very worthwhile and have many implications to inform other prevention efforts. But, in their current form, these programs do not score sufficiently high to warrant a rating of “promising” or higher in the hierarchy of evidence-based programs.

Intermediate Outcome: In a sequence of changes expected to occur in an evidence-based program, the changes that are measured subsequent to immediate change, but prior to the final changes that are measured at program completion. (See Outcomes for further definition of what will be measured)

Interventions: Interventions are a synonym for various aspects of prevention activities, prevention strategies, or prevention programs. Like strategies, interventions are often used to refer to program components (e.g., an in-school intervention is one component of a larger family integration and management program) or program efforts as a whole (e.g., environmental intervention). However, interventions are usually less abstract, focusing much more on specific operational aspects of broader strategies. When used broadly, intervention describes what occurs in the field as service is delivered to populations in need. However, as used, an intervention can just as easily refer to an entire program effort, including environmental “strategies” or a piece of a program (e.g., class-room didactic presentation of drug education curriculum which is part of a larger mentoring and community service program).

Logic Model: An organized, graphical depiction of the logical connections (based on theory) that shows what a program is expected to achieve and the underlying rationale and steps by which it is to produce positive effects. It includes the approaches and activities that specifically address underlying needs and resources and specifies the expected short and intermediate-term outcomes, or objectives, and the expected long-term outcomes, or goals.

Long-term Outcomes: In a sequence of changes the final or lasting changes that are measured at program completion. (Also see Outcomes)

Model Program: In addition to being an effective program (see definition), a model program is one in which the program developers have agreed to participate in SAMHSA-sponsored training, technical assistance, and dissemination efforts. Model have the capacity to provide

quality materials, training, and technical assistance to practitioners who wish to adopt their programs and have agreed with CSAP to do so.. That help is essential to ensure that the program is carefully implemented and maximizes the probability for repeated effectiveness. (See also Science-based.)

Objectives: Measurable statements of the expected change in risk and protective factors, or other underlying conditions, as expressed in the program's guiding theory or, or pathway to, change.

Outcomes: The extent of change in attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be short, intermediate, and longer-term outcomes.

Prevalence: The number of all new and old cases of a disease or occurrences of an event counted during a specific period of time, usually expressed as a rate. Prevalence rates are often presented in standard terms, such as the number of cases per 100,000 in population.

Prevention

Strategies, programs and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic ATOD availability, manufacture, distribution, promotion, sales, and use. The desired result is to promote safe and healthy behaviors and environments for individuals, families, and communities. (Prevention Advisory Task Force, 2002)

Program: A program is the sum of structured interventions, including environmental initiatives, designed to change social, physical, fiscal or policy conditions within a definable geographic area or for a defined population. The term is used broadly to refer to any intervention or set of interventions implemented to affect the behavior of a specifiable population.

Promising Program: Promising programs are those that have been reasonably well-evaluated, however the positive findings are not yet consistent enough, or the evaluation not yet rigorous enough, for the program to qualify as an effective program. Promising programs provide useful, scientifically defensible information about what works in prevention, but do not yet have sufficient scientific support to meet standards set for "effective" model programs. Nonetheless, promising programs are eligible to be elevated to "effective" model status after review of additional documentation regarding program effectiveness. Promising programs must score at least 3.33 on the 5-point scale on parameters of Integrity and Utility using the NREP review criteria. (See also Science-based)

Research-based: This term says simply that some method of observation/research was used to evaluate the process and/or outcomes of the intervention or program. The term "research-based" requires we make two assumptions. The first is that the quality of the research is good (e.g., adheres to the criteria for acceptable scientific rigor). The second assumption required is that the quality of the data is positive (and strong). (See also Evidence-based, Science-based)

Science-Based: A science-based program is one that is theory-driven, has activities related to theory, and has been reasonably well-implemented and well-evaluated. The term science-based can be taken to mean either that: (a) the program design and implementation derives from a relatively well-articulated theoretical model in which the strategy for achieving behavioral change is predicated on specific assumptions linked (within a complex network of relationships)

to specific consequences through a series of possible mediators (including personal dispositions, environmental contexts and behavioral contingencies); or, (b) that the effectiveness/efficacy of the effort was assessed using a method that adheres to the dictates of acceptable scientific rigor. This usually includes, but is not limited to, research (random assignment to condition) or evaluation studies that both measure change over time (e.g., pre-post program participation assessments) and include a relevant comparison against which to gauge change. The change may be positive or negative; the term science-based is value neutral relevant to the valence or magnitude of study findings.

Preferred terminology: Because we need a term that denotes scientific rigor as well as the magnitude and valence of findings (e.g., strong, and consistently positive), CSAP has put forward the concept of a compound adjectival phrase — scientifically-defensible and effective, or science-based and effective, or effective and research-based, or effective and evidence-based. The key is that regardless of what construction we use, both concepts are communicated clearly and regularly so that the misunderstandings that ensue when only half of the formula is used can be avoided.

Scientifically-Based Research: The term scientifically based research—

- (a) Means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to prevention activities and programs; and
- (b) Includes research that —
 - (i) employs systematic, empirical methods that draw on observation or experiment;
 - (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
 - (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
 - (iv) is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
 - (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings; and,
 - (vi) has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.

Scientifically-Defensible: This term suggests that the results of an effort were observed, hence validated, using scientific controls and that the public should have confidence in the findings. (See Science-based for more detail.)

Short-term Outcome: The initial change in a sequence of changes expected to occur as a result of implementation of an evidence-based program. (Also see Outcomes for further definition of what will be measured).

Strategy: Stated most simply and broadly, a strategy is a method for doing or accomplishing something. It could include method for mobilizing a community or coalition, or a method for creating community awareness of the down-side of substance abuse through media offerings.

As the term is used in its application to prevention, it encompasses broad-based approaches or generalized activities to be used in attempts by to delay the onset, reduce, or cause the cessation of the use of tobacco or alcohol among minors and/or the use and abuse of legal and illegal drugs and substances by all members of a given population.

Survey Data: This is information gathered from specially designed survey instruments that provide data about the feelings, attitudes, and/or behaviors of individuals within specific populations. Collection of these data can yield valuable and detailed evidence about the substance use/abuse behavior(s) and risk and protective factors for groups of people, and, therefore, what they may be for your identified population. (CSAP's "Pathways")

Theory of Change: The behavioral science concepts used to explain how a program's interventions are linked to the outcomes it produces. (CSAP's "Finding the Balance") This involves a set of related assumptions (also called hypotheses) about how and why desired change is most likely to occur as a result of a program (overall strategy and specific components). Typically, it is based on past research or existing theories of human behavior and development. Alternatively, a theory of change can be described as a pathway to change that systematically links actions to expectations or intended results.

Citations:

Hogan, J.A., Gabrielsen, K. R., Luna, N., Grothaus, D. (2003). *Substance Abuse Prevention: The Intersection of Science and Practice*. MA: Allyn & Bacon.

SAMHSA's CSAP, "Pathways to Effective Programs and Positive Outcomes." (October 2003).

SAMHSA's CSAP, "Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms." (1993).

C:2. Data Collection Resources

2.1 Demographic and Socioeconomic Data

For demographic and socioeconomic information, visit: <http://www.census.gov>. Also utilize available state and local resources.

2.2 Community Needs Assessment

For information on how to conduct a community assessment, visit CSAP's Western CAPT web site: <http://casat.unr.edu/westcapt/bestpractices/needs.htm>. The following offers a quote from this page.

"What is a community assessment (needs assessment)? A community assessment is a systematic process for examining the current conditions of a situation (such as substance abuse) and to identify the level of risk and protection in your community.

"Why do we need to complete a community assessment? A community assessment will assist you in:

- Creating an objective profile of your community
- Determining the geographic and demographic areas that are at greatest risk

- Ensuring you are putting your time and money where it will have the greatest impact
- Showing policy makers the need for funding your prevention programs
- Identifying evidence-based strategies to implement in your community

Steps to complete a community assessment:

1. Collect data.
2. Analyze the data.
3. Select the priority risk factors (Step 3).

Data Collection (Quoted from CSAP's Western CAPT:
<http://casat.unr.edu/westcapt/bestpractices/nacollect.htm>)

“Data collection is the first phase of conducting a community assessment. At this point, data needs to be identified and assembled in order to determine how prevalent each risk factor and protective factor is in your community. It is important that you examine risk factors because this will tell you which factors are prevalent in your community that are increasing the risk that your youth will be involved in substance abuse, teenage pregnancy, youth violence, school drop-out, and delinquency. If you only examine the prevalence of a particular problem (e.g. the number of kids abusing drugs), you won't know what you can do to impact and/or prevent the problem. However, if you can figure out which risk factors (that increase the likelihood of a problem occurring) are prevalent in your community, then you can identify and implement strategies to reduce those risks and thus reduce the problem behavior. Similarly, by examining the level of protective factors that exist in your community, this will tell you how prevalent factors are which buffer the effects of risk factors.

Two kinds of data can be collected:

- 1) Archival data, or data that already exists

“Archival indicators, data that already exists, have been identified through research to enable you to determine how prevalent risk factors are in your community. These are the indicators which have been shown through research to be good proxy measures for risk factors. We need archival indicators because we can't go to our local health department and look up the statistics on 'family management problems' because a family management problems statistic does not exist. Consequently, we must use 'proxy' measures to determine how prevalent family management problems and other risk factors are.”

For information on archival indicators, visit:

<http://casat.unr.edu/westcapt/bestpractices/naarchive.htm>. For the purposes of the California State Incentive Grant project, it is acceptable to focus data collection on risk factors that exist in the community domain. For sources of archival data, visit:
<http://casat.unr.edu/westcapt/bestpractices/nadata.htm>

- 2) Survey data, or data that you create

You can also identify the prevalence of risk and protective factors in your community through surveys. This may be a preferred alternative if little archival indicator data is available to you. Surveys can also function as a good supplement to the archival

indicator data you collect. By having both archival and survey data, you can compare the two to see where differences and similarities lie.

For additional information on analyzing and prioritizing the data, visit:

<http://casat.unr.edu/westcapt/bestpractices/needs.htm> and
<http://casat.unr.edu/westcapt/bestpractices/prioritize.htm>.

2.3 Resource Assessment

For information on conducted a resource assessment, please visit:

<http://casat.unr.edu/westcapt/bestpractices/resourceassess.htm>. The following is a quote from this page.

“What is a resource assessment? A resource assessment is a systematic process for examining the current resources in your community which are reducing risk factor and increasing protective factors. It answers the question: ‘What’s going on in my community?’

“What are ‘resources’? They are anything that can be activated to reduce the likelihood that individuals or communities will begin or continue to abuse alcohol, tobacco, and other drugs.

“Why do we need to complete a resource assessment? A resource assessment will assist you in:

- Identifying gaps where new services should be implemented
- Avoiding duplication in services
- Building collaboration among service providers
- Modifying existing programs to meet prevention needs
- Identifying existing resources to sponsor new programs
- Ensuring you are putting your time and money where it will have the greatest impact
- Ensuring you are creating a comprehensive prevention strategy for your community
- Ensuring you are effectively impacting the priority risk and protective factors that you identified when completing your community assessment.

“How do we complete a resource assessment?

1. Before conducting a resource assessment, you must complete a [community assessment](#) and [identify priority risk and protective factors](#) (Step 2 and Step 3).
2. [Collect information](#) on existing resources in your community which may be addressing the priority risk and protective factors that you identified through your community assessment.
3. [Analyze the resources](#) to determine how effectively they are impacting your priority risk and protective factors.
4. [Determine where the gaps](#) in services are in your community.”

C:3. Theories of Change

Theories of change can provide a framework for prevention efforts. The following includes information about risk and protective factor theory with links to risk and protective factors that have been validated by research to be predictive of substance abuse and other problem behaviors. Also included is information on environmental change theory that helps guide changes in community norms and regulations and in availability of alcohol.

3.1 Environmental Change Theory

From Quality of Life San Diego Region. (n.d.) "Integrating Environmental Change Theory Into Prevention Practice." Retrieved on November 25, 2003, from <http://www.qolsandiego.net/docs>.

The above referenced document shares extensive information on environmental prevention, efforts that focus on the "shared community." The following offers a direct quote from that document. Please access the web address listed above for additional information.

"The shared environment can be a neighborhood, town, city, State, or the Nation as a whole. Properly designed and managed, the shared environment can *support* healthy behavior and *thwart* risky behavior for all children, regardless of how well prepared they may be by their individualized environments. . . Three factors in the shared environment shape both positive (healthy) and negative (health-compromising) behavior: *Norms*, *availability*, and *regulations*..."

"Norms are basic orientations concerning the "rightness or wrongness," acceptability or unacceptability, and/or deviance of specific behaviors for a specific group of individuals. For example, it is *wrong* for anyone to use illicit drugs; it is *okay* for adults to drink in moderation. Norms are the basis for a variety of specific attitudes that support or undermine the particular prevention strategies we may wish to implement. For example, a community norm that impaired driving is unacceptable under any circumstances will make it more likely that community members will adopt the attitudes that roadblocks are a good idea and jail time for first offenders is appropriate.

"*Availability* can be defined in terms of how much time, energy, and money must be expended to obtain a commodity (alcohol, marijuana, cigarettes). The more resources required, the lower the availability.

"*Regulations* are formalized laws, rules, and policies that serve to control availability and codify norms and that specify sanctions for violations.

"The probability of a health-compromising behavior is decreased to the extent that there exist regulations that discourage the behavior and norms that disapprove of the behavior, and when the commodities needed to engage in the behavior are not easily available. Thus, the probability that youth will use alcohol is reduced when community members strongly disapprove of teen drinking (norms), when convenience stores regularly check ID's (availability), and when police policies support vigorous enforcement of underage sale and use laws (regulations). Conversely, the probability of a healthy behavior is increased to the extent that there exist regulations that support the behavior, norms that approve of it, and when commodities needed to engage in the

behavior are widely available. Thus, youth are more likely to seek safe transportation when riding with an intoxicated friend is seen as really dumb (norms), when public transportation is readily accessible and convenient (availability), and when taxi companies or bus lines agree to offer free or reduced-fare rides to youth in need of safe transportation (regulations)."

3.2 Risk and Protective Factor Theory

In the past decade, substance abuse prevention programs have provided direct services to many children, youth, families, and communities. The evolving prevention framework is constructed around two concepts (risk and protection) and their interplay.

The professional literature offers a rich body of research on risk factors for substance use and abuse among children, youth, and young adults. The major strength of this research is its predictive value: The more risk factors a child or youth experiences, the more likely it is that he or she will experience substance abuse and related problems in adolescence or young adulthood. However, risk factor research does not usually claim causative "links" between risks and later problems (CSAP, 1999). Many risk factors experienced by individuals in childhood are associated not just with substance abuse but also with an array of health, mental health, and behavioral problems. Researchers have also found that the more the risks in a child's life can be reduced, the less vulnerable that child will be to subsequent health and social problems (Hawkins, Jenson, Catalano, & Lishner, 1988).

Exposure to even a significant degree of risk factors in a child's life does not necessarily mean that substance use or other problem behaviors will inevitably follow. Many children and youth growing up in presumably high-risk families and environments emerge relatively problem-free. The reason for this, according to many researchers, is the presence of protective factors in these young people's lives. Protective factors balance and buffer risk factors (Hawkins, Catalano, and Miller, 1992). In contrast to a paradigm that focuses exclusively on reducing risk, with an emphasis on negative or pathological aspects of an individual's life, protective factor research looks at what is positive and healthy in young people.

To view the evidence-based risk factors in the community domain, please visit: <http://casat.unr.edu/westcapt/bestpractices/bprf.htm>. To view evidence-based protective factors, please visit: <http://www.casat.unr.edu/westcapt/bestpractices/bppf.htm>

3.3 Risk Factor Domains:

Knowledge about specific risk factors, as noted by Hawkins, Catalano, & Miller (1992), is crucial in preventing substance abuse and related problem behaviors. Since risks exist in multiple domains, preven should work to reduce risks across domains. In addition, common risk factors predict diverse behavior problems. When a particular risk factor is reduced, according to Hawkins, it may affect a diverse set of problems in the community. Although levels of risk may vary from one community and ethnic/cultural group to another, effects of risk factors are fairly consistent across races, cultures, and social classes.

Risk Factors in the Community Domain:

- Availability of Drugs
- Community Laws and Norms Favorable toward Drug Use
- Transitions and Mobility

- Low Neighborhood Attachment and Community Disorganization
- Extreme Economic Deprivation

Risk Factors in the Family Domain

- Family History of the Problem Behavior
- Family Management Problems
- Family Conflict
- Parental Attitudes and Involvement in Drug Use

Risk Factors in the School Domain

- Academic Failure Beginning in Elementary School
- Lack of Commitment to School

Risk Factors in the Individual/Peer Domain

- Early and Persistent Antisocial Behavior
- Alienation/Rebelliousness
- Friends Who Engage in the Problem Behavior
- Gang Involvement
- Favorable Attitudes toward the Problem Behavior
- Early Initiation of the Problem Behavior

To view more information about evidence-based risk factors in the community domain, visit: <http://casat.unr.edu/westcapt/bestpractices/bprf.htm>.

3.4 Protective Factor Domains: Some youth who are exposed to multiple risk factors never become substance abusers. Providing protective factors for youth may reduce the impact of risk factors or change the way youth respond to risk. Protective factors promote positive behavior, health, well-being, and personal success. The following are research-based risk factors:

Individual characteristics that protect youth include:

- Resilient temperament
- Positive social orientation
- Intelligence (protects against other problem behaviors, but not substance abuse)

Bonding to positive youth, adults, families, schools, communities – this can be done by providing:

- Opportunities for meaningful participation
- Skills to succeed when participating in meaningful opportunities
- Recognition for accepting opportunities and succeeding

Healthy beliefs and clear standards – if youth bond to youth, adults, families, schools, and communities that convey healthy beliefs and clear standards, then youth are more likely to adopt healthy behaviors.

To view additional information about evidence-based protective factors, please visit: <http://casat.unr.edu/westcapt/bestpractices/bppf.htm>.

It is logical to assume that the opposite of a particular risk factor (i.e., success in school, as opposed to school failure) would also predict the opposite (i.e., health and personal success instead of problem behavior). Yet the correlations are not exact. Many in the substance abuse

prevention and youth development fields have argued that an emphasis on protective factors implies a significantly different view from an emphasis on risk factors (Henderson, 1996; Wolin & Wolin, 1993).

C:4. Prevention Principles and Research Findings

The following offers prevention principles and research findings offered by two federal agencies, Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA). A thorough understanding of what research suggests about effective prevention strategies can help guide strategy selection and enhance community prevention efforts.

From *Guide to Science-Based Practices: Principles of Substance Abuse Prevention*. For additional information and references by research finding, please refer to the original document, http://modelprograms.samhsa.gov/template.cfm?page=pubs_science.

4.1 Community Domain

Research has found the following:

- Community coalitions that work include representatives from every organization that plays a role in fulfilling coalition objectives.
- Effective coalitions retain active members by providing meaningful rewards for participation such as opportunities for organizational leadership, distribution of resources to member agencies, and accomplishment of highly valued personal, organizational, and community goals.
- Effective coalitions define specific goals and assign specific responsibility for their achievement to subcommittees and task forces, rather than spending time on elaborate organizational structures and procedures.
- Planning is critical to coalition effectiveness and begins with a clear understanding, drawn from validated empirical evidence, of the substance-related problems it seeks to change.
- Effective coalitions set outcome-based objectives that are used to develop specific strategies and subsequent activities.
- Effective coalitions support a large number of prevention activities, rather than focusing on a single project.
- Residents are more likely to participate in community partnership activities if they are organized at the neighborhood level, where volunteers can see how they will affect their own situations.
- Effective coalitions routinely assess progress from an outcome-based perspective and make adjustments to the plan of action to meet their goals. Success is a function of

strategies and activities, not a reflection of a coalition's organizational structure or design.

- Paid coalition staff can function more effectively as resource providers (such as communications, coordination, and administrative expertise) and facilitators than as direct community organizers. It is important for paid staff members to serve as catalysts for action and ensure that community participants receive credit for program success.
- One-time community-based substance abuse prevention and education events alone are unlikely to affect participants' behavior, but they can be effective as part of an integrated, comprehensive prevention strategy. In the context, such events show that a community supports no-use norms, draw public and media attention to substance use issues, and help increase awareness and support for other important prevention efforts.
- Controlling the environment around schools and other areas where youth gather helps to reinforce strong community norms against substance use. Controls include restrictions on the number of alcohol and tobacco outlets, required setbacks for alcohol and tobacco outlets, restrictions on advertising near schools including billboards, and the designation of drug-free zones that set standards for adult as well as youth behavior.
- Mentoring programs that provide structured time with adults can increase school attendance and positive attitudes toward others, the future, and school and can reduce substance use. Highly involved mentors usually achieve greater positive results than those who are less committed.
- Community service can increase positive attitudes toward others, the future, and the community and can provide youth with opportunities to give back to their community.
- Emphasizing the costs to employers of workers' substance use and abuse can encourage companies to become more active in prevention efforts. Costs include lost productivity and increased health care premiums to cover substance-abusing employees and their dependents.
- Communicating a clear company policy on substance abuse can help change workplace norms about substance use and abuse.

4.2 Society/Environmental Domain.

Research has found the following:

- Community awareness and media efforts can be effective tools for increasing perceptions regarding the likelihood of apprehension and punishment for substance-related violations and can reduce retailer noncompliance.
- Appropriate use of mass media can enhance community awareness and influence community norms about substance use. Effective, youth-oriented mass media campaigns identify target audiences. They also recognize that audience perceptions and capacities to understand media messages may vary based on gender, culture, and stage of cognitive development.

- Effective mass media campaigns set objectives for each message delivered; for example, to increase positive expectations for nonuse or to correct assumptions about the number of youth who use.
- Youth-oriented mass media campaigns that are effective with youth in high-risk environments avoid the use of authority figures. Instead, they use young models who appeal to the target group.
- Effective campaigns broadcast messages frequently over an extended period of time.
- Effective mass media messages are broadcast through multiple channels at times when members of the target audience are likely to be viewing or listening.
- The limited research on alcohol warning labels suggests that while they may affect awareness, attitudes, and intentions regarding drinking, they do not appear to have a major influence on behavior. Studies suggest that more conspicuous labels would have a greater effect on awareness behavior.
- Education and training programs teach beverage servers about alcohol-related laws, the penalties for violation, the signs of intoxication and false identification, and techniques for refusing sales. However, when used alone, these programs usually do not produce substantial and sustained shifts toward compliance with the law.
- Combining beverage-server training with enforcement of laws against service to intoxicated patrons and against sales to minors is much more effective than training alone in changing selling and serving principles.
- Increasing beverage servers' legal liability for alcohol-related crashes can reduce injuries and fatalities.
- Increasing the price of alcohol and tobacco through excise taxes can be an effective strategy for reducing the prevalence of use and the amount consumed.
- Price increases can reduce alcohol-related problems, including motor vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality, and suicide and cancer death rates.
- Increasing the minimum purchase age for alcohol to age 21 has been effective in decreasing alcohol use among youth, particularly beer consumption, and in reducing alcohol-related traffic crashes.
- Increasing the minimum purchase age for alcohol to age 21 is associated with reductions in other alcohol-related problems, including suicide, pedestrian injuries, other unintentional injuries, and youth homicide.
- Limitations on the location and density of retail alcohol outlets may contribute to reductions in alcohol consumption, traffic crashes, and other alcohol-related problems, including cirrhosis mortality, suicide, and assaults.

- Neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies, particularly nuisance abatement programs, can be effective in dispersing dealers, reducing the number and density of illicit drug markets, and possibly reducing other crimes and signs of physical disorder within small geographical areas.
- Enforcement of minimum purchase-age laws against selling alcohol and tobacco to minors by using undercover buying operations (also known as decoy or sting operations) can substantially increase the proportion of retailers who comply with such laws.
- Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants can also increase retailer compliance.
- More frequent enforcement operations can reduce retailer noncompliance.
- “Use and lose” laws, which allow suspension of the driver’s license of a person under age 21 following a conviction for any alcohol or drug violation (e.g., use, possession, or attempt to purchase with or without false identification), can increase compliance with minimum purchase-age laws among youth.
- Deterrence laws and policies for impaired driving can reduce the number of alcohol-related traffic crashes and fatalities among the general population and particularly among youth. Reducing the legal blood-alcohol content (VAC) limit to 0.08 or lower can reduce the level of impaired driving and alcohol-related crashes.
- Enforcement of impaired driving laws can increase public perception of the risk of being caught and punished for driving under the influence of alcohol.
- Sobriety checkpoints are used effectively as an environmental strategy to encourage designated drivers and to discourage drinking and driving. They are not designed to detect large numbers of drinking drivers; however, when combining sobriety checkpoints with passive breath sensors that allow police officers to test a driver’s breath without probable cause can substantially increase the effectiveness of sobriety checkpoints.
- Impaired-driving policies targeting underage drivers – particularly zero-tolerance laws setting BAC limits at 0.00 to 0.02 percent for youth and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience and maturity – can significantly reduce traffic deaths among youth people.

4.3 Research Findings by Domain:

A Community

- Ready access to tobacco, alcohol, and illicit drugs increases the likelihood that youth will use substances.
- Immigrant youth in the United States have relatively low rates of alcohol and marijuana use, though these youth report high levels of pressure from immigrant and nonimmigrant peers toward such use and experience less parental support to avoid risk behaviors.
- Youth in rural areas are more likely than urban youth to have parent-reported substance use problems.

- Homelessness among adolescents is a risk factor for later substance use that must be addressed in intervention programs.
- Communities lacking economic and social resources are vulnerable to high rates of adolescent substance abuse.

B. Environmental

- Policy analysis indicates that the most effective ways to reduce adolescent drinking are tax or price increases, increased minimum age for drinking, graduated licensing, and/or zero tolerance policies.
- Correlation evidence links increased substance use with certain types of television viewing among youth. These data suggest that parents should limit the quantity and selection of television their children watch, particularly programming that glorifies various substance use.

C. Workplace

- Adolescents who work more than 15 hours a week may face increased risk for substance abuse.
- Stress in the workplace may modestly elevate alcohol consumption.
- Alienation from work may increase employees' drinking behavior, though such findings have been challenged by other research. Employee drug use is linked with job estrangement and alienation.
- Different occupations have widely varied norms about drinking. Frequently, heavy-drinking occupations attract employees prone to this behavior.
- When employers communicate company policy disapproving of substance use or abuse, workplace norms change, though lunchtime drinking in the workplace remains fairly common.
- Worker hangovers affect cognitive and motor functions, creating risks of bad judgment, interpersonal conflict, and injuries, but are a neglected contributor to job performance problems.

4.4 Selected Prevention Principles

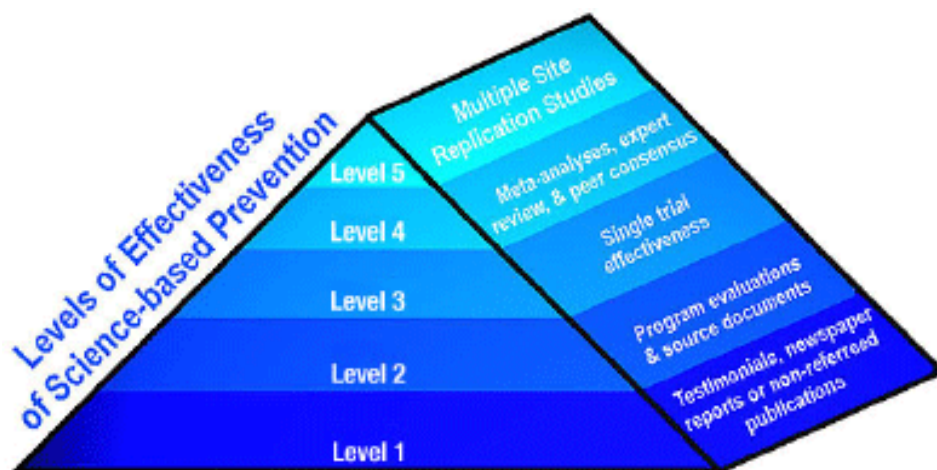
From NIDA's *Preventing Drug Use among Children and Adolescents*. For additional information, please refer to the original document, <http://www.nida.nih.gov/Prevention>

- Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender and ethnicity, to improve program effectiveness.
- Community prevention programs that combine two or more effective programs can be more effective than a single program alone.

- Community prevention programs reaching populations in multiple settings – for example, schools, clubs, faith-based organization, and the media – are most effective when they present consistent, community-wide messages in each setting.
- When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original evidence-based intervention, which include: 1) structure – how the program is organized and constructed; 2) content – the information, skills, and strategies of the program; and 3) delivery – how the program is adapted, implemented, and evaluated.

C:5. Science Based Programs

A major component of the SIG program is the implementation of science-based substance abuse prevention programs. Science-based programs are programs that have been rigorously tested and evaluated to measure their effectiveness and have consistently produced demonstrable outcomes over time. For more than a decade, CSAP has embraced science-based programming primarily by funding projects, disseminating information, and providing training and technical assistance to the substance abuse prevention field. The results have produced a wealth of information designed to assist program planners, researchers, and evaluators in selecting and implementing effective substance abuse prevention programs. In today's climate of government accountability, science-based programs enable prevention planners to produce scientifically defensible outcomes to justify continued prevention funding, and to assist funding sources in meeting their legislative mandates and program goals. CSAP has adopted a "Hierarchy of Effectiveness" to depict the levels of scientific testing and evaluation for science-based prevention programs. These levels of scientific rigor are illustrated in the figure below, developed by Peter Mulhall, Ph.D., and Carol Hays, Ph.D., of the Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois.



Level 1 has been recognized primarily through awards, newspaper articles, and anecdotal assessments, etc. Programs at Level 1 tend to rely on staff and participant observations as a form of evaluation (CSAP, 2001).

Level 2 tend to rely on focus groups, expert panels, and key informant activities for evaluation purposes (CSAP, 2001). Programs at Level 2 are usually cited in non-refereed professional

journals. Programs at Levels 1 and 2 tend to lack sufficient scientific rigor to demonstrate their effectiveness and thus are not viewed as science-based programs.

Level 3 and higher are considered as scientifically defensible programs because they entail substantial testing and evaluation and have produced consistent, positive outcomes over time. CSAP has further classified substance abuse prevention programs as promising, effective, and model programs. Promising programs (Levels 3) are those programs that have produced some positive results but lack consistent results over time or lack rigorous evaluation to demonstrate consistency. Effective programs

Level 4 produce consistent positive outcomes and have been rigorously tested and evaluated. Model programs

Level 5 are also programs that have been rigorously tested and evaluated and produce consistent, positive outcomes over time; moreover, Model programs are also classified as such because they are readily available for dissemination. ADP seeks to fund and encourage the implementation of effective and model programs (Levels 4 and 5).

Applicants are encouraged to visit CSAP's Model Programs Web site at the following Web address www.samhsa.gov/centers/csap/modelprograms for more details on this subject and to preview the various programs.

C:6. Model Program and Best Practice Selection

Substance Abuse and Mental Health Services Administration (SAMHSA) has created the National Registry of Effective Programs (**NREP**), which contains a listing of SAMHSA Model Programs. These are effective programs whose developers have the capacity and have coordinated and agreed with SAMHSA's CSAP to provide quality materials, training, and technical assistance to practitioners who wish to adopt their programs.

For additional information on NREP review criteria, please see, "Science-based Prevention Programs and Principles, 2002: Effective Substance Abuse and Mental Health Programs for Every Community (SAMHSA), pp. 13-20 at the following URL: http://modelprograms.samhsa.gov/template.cfm?page=pubs_2002report.

Model, best, and promising program(s) may have to be purchased from developers so applicants should consider program costs, the amount of program materials needed to serve the proposed group size, staff training issues, and other miscellaneous resource requirements. Program developers should be contacted directly to obtain this information. Contact information for the program developers is located on the SAMHSA Model Programs web site and on CSAP's Western CAPT web site.

Program fidelity and adaptation issues should be taken into account when implementing an evidence-based program. Program fidelity is the degree of fit between the developer-defined components of a substance abuse prevention program and its actual implementation in a given organizational or community setting.

Program adaptation might include deletions or additions (enhancements) of program components; modifications in the nature of the components that are included; changes in the

manner or intensity of administration of program components called for in the program manual, curriculum, or core components analysis; or cultural and other modifications required by local circumstances.

6.1 Border Binge-Drinking Reduction Program:

The Border Binge-Drinking Reduction Program provides multilevel, community-based interventions proven effective at reducing alcohol-related trauma caused by cross-border binge drinking by young Americans. Because the United States, Mexico, and Canada have significant disparities in the legal drinking age, the price of alcohol, and the enforcement of alcohol sales regulations, it is legal or easier for those under age 21 to obtain alcohol. Thousands of American teens and young adults (age 24 and below) are prompted to go into these nearby countries to binge drink. Consequently, an alarming number of young Americans return to the United States drunk, presenting a significant risk to themselves and the public through the increased potential for car crashes and other alcohol-related violence. The Border Binge-Drinking Program is a bi-national effort that employs environmental management and media advocacy to curb these irresponsible drinking practices, including:

- Regular surveys of youths returning from a night of drinking, including anonymous blood alcohol concentration (BAC) breath tests.
- Strong media advocacy programs which use information from the surveys to characterize the problem and mobilize the community to action.

6.2 CASASTART:

This program is a community-based, school-centered program designed to keep high-risk preadolescents (8 to 13 years old) free of drug and crime involvement. The central notion underlying the program is that while rates of experimentation with drugs and alcohol are similar for preadolescents from all backgrounds, those who lack effective human and social support are at higher risk of continuing and intensifying substance abuse. Using an intensive and coordinated marriage of preventive services and community-based law enforcement, CASASTART addresses the individual needs of participants as well as the broader problems of their families and communities. It operates on three levels to:

- Build resiliency in the child
- Strengthen families
- Make neighborhoods safer for children and their families

The program brings together key stakeholders in a community or neighborhood (schools, law enforcement, social services, and health agencies) under one umbrella and provides case managers to work daily with high-risk children.

6.3 Challenging College Alcohol Abuse:

Challenging College Alcohol Abuse (CCAA) is a social norms and environmental management program that reduces high-risk drinking and related negative consequences in college students (18 to 24 years old). Under CCAA, the campus health service uses new and innovative methods

to communicate public health information to students, the campus community, and the surrounding community to:

1. Correct misperceptions, increase knowledge, and change attitudes about alcohol and drug use behaviors among undergraduate students
2. Change policies and practices related to alcohol and drug use and abuse among campus fraternity and sorority chapters
3. Change faculty, administration, parental, community, and policymaker perceptions to prevent perpetuation of alcohol and drug myths
4. Increase restrictions on alcohol availability and monitor on- and off-campus distribution and consumption

CCAA fosters development of policies that establish and maintain a healthy and safe environment for all students. It also seeks to develop community and civic partnerships and collaborations in support of campus alcohol and drug policies, and State and local laws.

6.4 Communities Mobilizing for Change on Alcohol:

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce adolescent (13 to 20 years old) access to alcohol by changing community policies and practices. Initiated in 1991, CMCA has proven that effectively limiting the access to alcohol to people under the legal drinking age not only directly reduces teen drinking, but also communicates a clear message to the community that underage drinking is inappropriate and unacceptable. CMCA employs a range of social organizing techniques to address legal, institutional, social, and health issues in order to reduce youth alcohol use by eliminating illegal alcohol sales to youth by retailers and obstructing the provision of alcohol to youth by adults.

6.5 Community Trials Intervention to Reduce High-Risk Drinking:

Community Trials to Reduce High-Risk Drinking (RHRD) is a multi-component, community-based program developed to alter alcohol use patterns of people of all ages (e.g., drinking and driving, underage drinking, acute (binge) drinking), and related problems. The program uses a set of environmental interventions including:

- Community awareness
- Responsible Beverage Service (RBS)
- Preventing underage alcohol access
- Enforcement
- Community mobilization

The program's aim is help communities reduce various types of alcohol-related accidents, violence, and resulting injuries.

6.6 Project ACHIEVE:

The Project ACHIEVE program would require adaptation to meet the SIG age requirements (12-25 year olds). This program is an innovative school reform and school effectiveness program developed for use in preschool, elementary, and middle schools (students 3 to 14 years old). It is designed to help schools, communities, and families develop, strengthen, and solidify their youths' resilience, protective factors, and self-management skills. Project ACHIEVE works to improve school and staff effectiveness, and places particular emphasis on increasing student performance in the areas of:

- Social skills and social-emotional development
- Conflict resolution and self-management
- Achievement and academic progress
- Positive school climate and safe school practices

Project ACHIEVE implements school-wide positive behavioral and academic prevention programs that focus on the needs of all students. It also develops and implements strategic intervention programs for at-risk and underachieving students, and it coordinates comprehensive and multifaceted "wrap-around" programs for students with intensive needs.

6.7 Project Northland:

Project Northland is a multilevel, multiyear program proven to delay the age at which young people begin drinking, reduce alcohol use among those who have already tried drinking, and limit the number of alcohol-related problems of young drinkers. Designed for sixth, seventh, and eighth grade students (10 to 14 years old), Project Northland addresses both individual behavioral change and environmental change. Project Northland also strives to change how parents communicate with their children, how peers influence each other, and how communities respond to young adolescent alcohol use. Components include:

- Parent involvement and education programs
- Behavioral curricula
- Peer participation
- Community activities

Each intervention year has an overall theme and is tailored to the developmental level of the young adolescent. Alcohol is the focus of the Project Northland program because it is American teenagers' drug of choice and inflicts the greatest harm among youth.

6.8 Project SUCCESS:

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) prevents and reduces substance use among high-risk, multi-problem high school adolescents. Developed and tested with alternative school youth 14 to 18 years old, the program places highly trained professionals in schools to provide a full range of substance use prevention and early intervention services. Counselors use a variety of intervention strategies, including:

- Information dissemination
- Normative and preventive education
- Counseling and skills training
- Problem identification and referral
- Community-based processes
- Environmental approaches

In addition, Project SUCCESS links the school to the community's continuum of care when necessary, referring both students and families to human services organizations, including substance abuse treatment agencies.

C:7. Best Practices Listed on CSAP's Western CAPT Web Site

The Center for Substance Abuse Prevention's Western Center for the Application of Prevention Technologies (WestCAPT) hosts a database of best and promising practices, including prevention programs and strategies, listed by the following federal partners:

- National Institute for Drug Abuse (NIDA),
- Center for Substance Abuse Prevention (CSAP),
- National Center for the Advancement of Prevention (NCAP),
- Office of Juvenile Justice and Delinquency Prevention (OJJDP), and
- Centers for Disease Control and Prevention (CDC).

To search for best and promising practices, visit <http://www.westcapt.org/> and click on "Planning and Best Practices." To limit your search to community-based and/or environmental approaches, click on "conduct search for best and promising practices." Then under CSAP strategy, click on "community-based process" and/or "environmental." To further refine the search, also select the age group reflecting your focus population. By clicking on program names, applicants can learn more about each program and find contact information for program developers.

C:8. Institute of Medicine (IOM) Intervention Classification

In a 1994 report on prevention research, the Institute of Medicine (IOM, 1994) proposed a new framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention. The IOM model divides the continuum of care into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications: universal, selective, and indicated prevention, which replace the confusing concepts of primary, secondary, and tertiary prevention.

Universal Prevention

A Universal prevention strategy addresses the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents, and the elderly. The mission of universal prevention is to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

- Delay or prevent onset of substance abuse
- Target the entire population
- All share the same general risk; individual risk is not assessed
- Participants not recruited
- Lower staff-to-audience ratios
- Require less audience time and effort
- Staff can be from many fields
- Lower per-person costs

Selective Prevention

Selective prevention strategies target subsets of the total population that are deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment – for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse, and targeted subgroups may be defined by age, gender, family history, place of residence (such as high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be at risk because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

- Delay or prevent substance abuse
- Selective prevention targets the entire subgroup regardless of their individual risk
- The subgroup can be determined by a number of characteristics that significantly increase their risk of substance abuse
- Recipients are recruited to participate
- Programs address specific subgroup risk factors
- Programs run for longer periods of time and usually require more participant time and effort than do universal programs
- Programs require skilled staff
- Costs of selective prevention programs are usually greater per person than those of universal prevention programs

Indicated Prevention

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and

other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a sub-clinical level. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders and alienation from their parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs. In a majority of cases, indicated strategies would be the most appropriate strategies for youth already involved with the juvenile justice system.

- Targets individuals experiencing early signs of substance abuse and other related problem behaviors, but without a clinical diagnosis
- Stems the progression of substance abuse and related disorders
- Recipients are individually assessed and recruited into the program
- Risk factors and problem behaviors are specifically addressed by the program
- Programs can target multiple behaviors simultaneously
- Programs are extensive and intensive
- Programs require highly skilled staff
- Indicated prevention strategies may generally be more expensive on a per-person basis than are universal and selected prevention

C:9. Resources

Web Sites

For a list of and information on CSAP approved Model Programs, visit the following web site: <http://www.samhsa.gov/centers/csap/modelprograms>.

For a comparison matrix of science-based programs from different federal agencies, visit the following web site: <http://modelprograms.samhsa.gov/pdfs/ComparisonMatrix.pdf>

For technical assistance on conducting risk and resource assessments visit the following web site <http://www.westcapt.org/>. Click on the Program Planning and Best Practices Link and explore the “Building a Successful Prevention Program” tutorial.

Center for Substance Abuse Prevention (CSAP). (2001). Guide to Science-based Practices: Principles of Substance Abuse Prevention. DHHS Pub. No. (SMA) 01-3507. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved on November 25, 2003, from http://modelprograms.samhsa.gov/template.cfm?page=pubs_science.

Center for Substance Abuse Prevention (CSAP). (2002). *Science-Based Prevention Programs and Principles, 2002*. DHHS Pub. No. (SMA) 03-3764. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved on November 25, 2003, from http://modelprograms.samhsa.gov/template.cfm?page=pubs_2002report.

Center for Substance Abuse Prevention's (CSAP's) Western Center for the Application of Prevention Technologies, "Planning and Best Practices," www.westcapt.org.

National Institute on Drug Abuse (NIDA). (2003). *Preventing Drug Use among Children and Adolescents*. NIH Pub. No. 04-4212 (A). Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health. Retrieved on November 25, 2003, from <http://www.nida.nih.gov/Prevention/Prevopen.html>.

Quality of Life San Diego Region. (n.d.) "Integrating Environmental Change Theory Into Prevention Practice." Retrieved on November 25, 2003, from <http://www.qolsandiego.net/docs/>.

Substance Abuse and Mental Health Services Administration (SAMHSA). "SAMHSA Model Programs," <http://modelprograms.samhsa.gov/>.

C:10. Results-focused Outcomes

Outcomes must be designed to prevent or reduce the problem of binge drinking as reported in the community needs assessment, and impact the priority risk and protective factors that have been identified.

Outcomes must be specific, measurable, appropriate, realistic, and time-bound. They should be:

- Designed to cover a single end result.
- Specifically stated to articulate measurable progress toward the goal in increasing/decreasing whatever the program/policy is intended to do.
- Conditions to be achieved rather than activities to be performed .
- Written in quantifiable terms that are easily measurable in terms of established standards.
- Described as a measurable change expected to occur in terms of:
 - Participants' knowledge, skills, behaviors, or attitudes, and/or
 - Community norms, regulations, policies, settings, conditions and/or alcohol promotion, sale, availability, relevant to preventing binge drinking-related problems
 - Quantity, frequency, and severity of binge drinking related community problems

An easy formula for outcomes:

- How much of what change will occur to whom by when as measured by what?
- Of the _____ (state the addressed population), _____% of participants in prevention services will _____ (describe the change in condition), as measured by _____ (state the evaluation tool) over the next three years.

Short-term Outcomes are the immediate changes in knowledge, attitudes, behaviors, or skills of the addressed population as a result of receiving program services.

Example:

Within sixty (60) days of project initiation, a community of one hundred (100) alcohol retailers will be identified to participate in the Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Program. To provide a baseline measurement, the retailers will be pre-tested to determine their level of awareness of Responsible Beverage Service. A standardized post-test will be administered thirty (30) days after the selected intervention to demonstrate that twenty percent (20%) of participating retailers show an increase in awareness of Responsible Beverage Service (RBS) and indicate that they will foster behavior to restrict underage access to alcohol.

Intermediate-term Outcomes are changes in the indicators of risk and protective factors.

Example:

Within sixty days of project initiation, a representative sample of youth ages 12-25 years old will be identified to participate in the Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Program. A baseline study will be conducted using a standardized pre-test to determine the participants' personal attitudes that promote or permit binge drinking and their level of community bonding. Twenty percent of the youth participating in the RHRD Program will demonstrate a decrease in personal attitudes that promote or permit binge drinking and an increase in community bonding as measured by a standardized post-test that will be administered six months after the selected intervention.

Long-term Outcomes are the lasting changes in the addressed population that will lead to prevention and/or a reduction binge drinking within that population.

Example:

Youth ages 12-25 years old participating in the Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Program will decrease the risk factors for community norms that promote or permit substance use by twenty percent, as measured by youth survey responses on the 2005 Statewide Risk Assessment Survey.

Applicants should develop program outcomes and objectives along with completing the Logic Model (See Appendix B, Forms, Sample Logic Model Worksheet) for the proposed substance abuse prevention program.

C:11 ADP Prevention Business Practices

The ADP Net Negotiated Amount (NNA) contract with counties includes five business practices that apply to the use of NNA prevention funds. These synthesize the essential components of a systematic, progressive means of conducting prevention.

1. **Assessment of Needs with Data:** Use data relevant to specific communities in the county to identify at risk and under-served populations and their environmental risk related to alcohol and other drugs.
2. **Prioritize and Commit to a Purpose:** Establish prevention priorities for the assessed needs through local or regional advisory bodies (coalitions). Provide a sound validation for the selection of priorities; identify the benefits. Provide evidence that identified priorities and desired outcomes are culturally relevant to priority populations.
3. **Determine Outcome Objectives & Measurements:** Establish the desired prevention goal/desired outcome, objectives, and actions; define terms to assure clear understanding.

Determine the “who, what, where, when and how” that will attain these. Specify how prevention actions will be measured to monitor interim and final results.

4. Proven Prevention Strategies: Select prevention activities/services based on identified theories or practices supported by evaluation/research evidence that substantiates these actions are, or promise to be, effective for attaining the desired outcome. Select or adapt actions to assure they are culturally relevant to the intended populations and communities.
5. Evaluate Measured Results & Improve: Use goal and objective measurements to assess steps toward achieving the desired outcomes. Apply this data to continuously refine, strengthen, and sustain prevention effects.

C:12 Evidenced-Based Prevention and Related Requirements

This definition of proven program/strategy incorporates CSAP and US Department of Education concepts:

1. The program or strategy should have achieved positive outcomes, such as reduction of problem behaviors, reduction of known risk factors, or increases in protective factors in previous administrations in prevention settings.
2. The program/strategy was evaluated using a scientifically-defensible design.
Examples include pre/post test of participants with a comparison group that did not receive the prevention intervention, time-series designs with comparison communities or other designs which can reasonably isolate the intervention variables and control for alternative explanations for the achievement of outcomes.
3. The evaluation findings have been examined, critiqued, and deemed credible by a third party that is knowledgeable in the area of substance abuse prevention and evaluation/research methods.
Examples include but are not limited to those prevention programs and/or strategies that have been published in peer-reviewed journals or have been rated by review/registry processes such as the National Registry of Effective Programs (NREP)

C:13 CSAP Core Measures and Youth and Young Adult Performance Partnership Grant (PPG) Core Effectiveness Measures

SIG recipients must participate in collecting, analyzing, and disseminating process, outcome and other related evaluation data. Where applicable and appropriate, CSAP's Core Outcome Measures will be used in program level evaluations. The CSAP Core Measures Initiative may be accessed through SAMHSA's Prevention Platform, an online resource for substance abuse prevention. The website is provided by SAMHSA's CSAP at ([www. prevtech.samhsa.gov](http://www.prevtech.samhsa.gov)).

A. PPG Youth Measures (ages 12-17)

1. Core Effectiveness Measures:
 - 1.1. 30 day Substance Use (Source: Monitoring Future Survey)
 - 1.2. Perceived harm/risk of use (Source: Student Survey of Risk and Protective Factors, National Household Survey on Drug Use and Health (**NHSDUG**) or Other Survey)
 - 1.3. Attitudes toward alcohol use by youth and young adults, 12-25 (NHSDUH or Other Survey).

- 1.4. Retail sales of alcohol to underage population (Retailer Compliance Checks)
2. Optional Effectiveness Measures - Community Domain
 - 2.1. Perceived Availability: PPG Program Participants (Source: Student survey of risk and protective factors)
 - 2.2. Perceived Availability: National Sample of Youth as Comparison Group or other survey
 - 2.3. Perceived Norms: PPG program participants (Source: Student survey of risk and protective factors)
 - 2.4. Perceived Norms: National Sample of Youth as Comparison Group (Source: NHSDUH or other survey)
3. Optional Effectiveness Measures - Environmental Domain
 - 3.1. Availability (Social) – Non-retail provision of alcohol (Source: Communities Mobilizing For Change on Alcohol (**CMCA**) survey)
 - 3.2. Norms – Public support of regulation (Source TBD)
 - 3.3. Norms – Restrictions on Promotions (e.g., specific market niches) (Source: TBD)
 - 3.4. Norms – Attitude toward use (Community) (Source: Student survey of risk and protective factors; NHSDUH or other survey for comparison group)
 - 3.5. Norms - Perceived harm/risk of alcohol use by youth and young adults, 12-25.
 - 3.6. Possession, Use and Consumption – Restrictions on contexts (Source: TBD)
 - 3.7. Possession, Use and Consumption – Perceptions of getting caught (Source: TBD)

B. PPG Measures for Young Adults (Ages 18-25)

1. Community: In addition to the PPG Measures outlined above, CSAP is developing measures for ages 18-25. The community measures are provided for your guidance. Recipients may elect to identify and explain any of the following constructs that apply to the proposed program outcomes.
 - 1.1 Opportunities to engage in behavior
 - 1.2 Norms (perception of norms)
 - 1.3 Enforcement
 - 1.4 Collective efficacy
 - 1.5 Economic/racial/ethnic issues
 - 1.6 Access to substance
 - 1.7 Resources inc social capital
 - 1.8 Community disorganization
 - 1.9 Laws and policies

Appendix D: Subgranting and Subcontracting

Subrecipients are held to the same programmatic and fiscal requirements as the grantee in carrying out the SIG program. Subgrants/subcontracts for federal financial assistance must be competitively bid¹⁸ and include the term, scope, and anticipated outcome, and all applicable federal and state requirements.

The grantee is responsible for evaluating the institutional capabilities of the subrecipient for evidence that its business management systems:

- Are adequate to record, identify, and evaluate costs, and
- Satisfy the needs of an adequate management system to ensure that funds and property are properly safeguarded and used only for appropriate purposes under the subgrant/subcontract.

If the subrecipient is a non-profit organization, the grantee must also review and provide evidence of the subrecipients' non-profit status, that it is financially responsible, and that it has the business management resources available to carry out the proposed project.

The applicant must be aware of the cost principles and administrative requirements that govern each subrecipient. For example, the administrative requirements for state and local governments are found in 45 Code of Federal Regulations (CFR) Part 92, and the administrative requirements for non-profit entities are found in 45 CFR Part 74. The cost principles for state and local governments are found in Office of Management and Budget (OMB) Circular A-87; the cost principles for non-profit entities are found in OMB Circular A-122. The type of recipient determines the applicable requirements.

The grantee must be aware of and apply the standards for subgrants contained in 45 CFR 92.37 if the grantee is using a grant to award federal financial assistance.

The grantee must be aware of and apply the procurement standards contained in 45 CFR 92.36 (b) through (i) for procurement contracts and for contracts used to award federal financial assistance to carry out elements of the SIG program.

Because subgrants/subcontracts with subrecipients and vendors must be awarded competitively, the applicant is not expected to provide the name of the contractor in the application. Grantees must receive ADP approval before executing grants, contracts, and interagency or standard agreements. In the budget, use descriptive names, such as "Evaluation

¹⁸ The Federal Grant and Cooperative Agreement Acts states that one of its purposes is to "maximize competition in making procurement contracts, and encouraging competition in making grants and cooperative agreements (31 USC §6301). 45 CFR 92.36 requires that "all procurement transactions will be conducted in a manner providing full and open competition...." 45 CFR 74.43 requires procurement transactions to be "conducted in a manner to provide, to the maximum extent practical, open and free competition." It is reasonable to apply these same standards to subawards.

Services” and the estimated cost of the contract. In the budget narrative, use the descriptive names listed in the budget and provide a brief description of the work the subgrantee/contractor will perform. Any and all program work conducted by subrecipient and/or vendors must be completed and accepted before grant period expiration; any work performed after the grant period has expired will not be reimbursed.

Appendix E: Terms and Conditions

Comprehensive Substance Abuse Prevention Strategy State Incentive Grant

GENERAL TERMS AND CONDITIONS

These terms and conditions, when applicable, are to be incorporated by reference and made a part of, but not necessarily limited to, the following documents: grant project agreements, contracts, subcontracts, interagency agreements, invitations for bid, and requests for proposal for goods and services for which Comprehensive Substance Abuse Prevention Strategy State Incentive Grant (SIG) funding reimbursement is requested through the California Department of Alcohol and Drug Programs.

I Grant Project Agreement Exhibits

- A. This Agreement between the Department of Alcohol and Drug Programs (State) and the county named in the Notice of Grant Award attached hereto (Grantee) consists of the Notice of Grant Award; Project Budget, Assurances and Certifications, General Terms and Conditions, and the Request for Application and the grantee's response, which is incorporated by reference. In the event of any conflict between provisions in the various documents, the Terms and Conditions will control over incorporated documents, e.g., the request for application or the application.
- B. This grant is governed by Section 516 of the Public Health Services Act, as amended (42 USC § 290bb-22), implementing regulations, and the most recent information available from the United States Department of Health and Human Services (HHS). The State reserves the right to amend the terms and conditions of this grant program based on future clarification by the HHS.
- C. Each Grantee will follow the program goals and objectives, tasks and timeframes as agreed upon through its application and incorporated by reference.
- D. This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.

II Grant Term and Authority

- A. The term of this Grant Project Agreement is shown on page one of the Notice of Grant Award. However, this agreement will be valid and enforceable for subsequent years past the first year of the agreement only if sufficient funds are made available to the State by the United States Government for the purposes of the program, and the grantee satisfactorily complies with all requirements of the agreement.

- B. The source of funds is Section 516 of the Public Health Services Act, as amended (42 USC § 290bb-22). The federal funds identified in this project agreement are time limited. In order for the Grantee to receive payment from the federal funds identified in this Grant Project Agreement, the Grantee must expend funds in the timeframes identified in the project budget estimate and submit claims and reports within the timeframes specified in this Grant Project Agreement (see VI and VII). Failure to submit claims and reports within the specified timeframes will result in such claims not being paid if the time for which such funds are available has expired.
- C. The agreement will be subject to any additional restrictions, limitations, or conditions enacted by Congress or conditions that may affect the provision, terms, or funding of the agreement in any manner. If funds are not appropriated for this program, the agreement will be terminated and have no further force and effect.
- D. It is mutually understood between the parties that this agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if the agreement were executed after that determination was made.
- E. The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, the State has the option to void the agreement under the 30-day cancellation clause or to amend the agreement to reflect any reduction in funds.

III Use of Funds

- A. The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to subrecipients.
- B. Grantee agrees that funds provided from the grant cannot be used for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- C. Grant funds cannot be used to supplant current funding of existing activities.
- D. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the federal Executive Level 1, which is \$171,900.
- E. A Notice in response to the President's Welfare-to-Work Initiative was published in the *Federal Register* on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their subrecipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of this notice is available electronically on the Office of Management and Budget (OMB) home page at www.whitehouse.ov/wh/eop/omb.
- F. The Department of Health and Human Services (DHHS) Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American made.
- G. Funds may not be used for religious worship, instruction, proselytization, or for equipment and supplies to be used for any of these activities.
- H. Grantee and subrecipients must maintain records that adequately identify the source

and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The Grantee, and all its subrecipients, should expect that the Substance Abuse and Mental Health Services Administration (SAMHSA), or its designee, may conduct a financial compliance audit and on-site program review annually on grants with significant amounts of federal funding.

- I. Grantee, subrecipients or contractors who apply or bid for an award of \$100,000 or more shall file the required anti-lobbying certification. Each tier certifies to the tier above it that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of an agency or any officer, employee or member of Congress in connection with the awarding, modifying, renewing or extending of any federal contract, grant, loan, cooperative agreement, or any other award covered by 31 USC 1352. Each tier shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier.
- K. Grantee is responsible for assuring that the use of funds from this grant will comply with Section 516 of the Public Health Services Act, as amended (42 USC § 290bb-22) the PHS Grants Policy Statement (rev. April 1, 1994), available on-line at <http://www.hhs.gov/grantsnet/index.html>, and 45 CFR Part 74 or 92, as applicable. Further, the funds will only be used for allowable costs under the appropriate Office of Management and Budget (OMB) Circular, "General Principles for Determining Allowable Costs" (OMB Circular A-87, A-122, or A-21).
- L. Per 45 CFR 92.34 and 45 CFR 74.36 and the PHS Grants Policy Statement, any copyrighted or copyrightable works developed under this grant shall be subject to a royalty free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for federal government purposes. Income earned from any copyrightable work developed under this grant must be used as program income.
- M. No Department of Health and Human Services (DHHS) funds may be paid as profit (fees) per 45 CFR parts 74, 81 and 92.22(2).
- N. No part of any appropriation contained in the Appropriations Action Section 503 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any state legislature, except in presentation to the Congress or any state legislature itself.

No part of any appropriation contained in this act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state legislature.

IV Program Implementation

Grantee must implement the program or be substantively involved in the grant program. Substantive involvement means “the primary project activities for which grant support is provided and/or a significant portion of the activities to be conducted under the grant.” In no instance may the Grantee act solely as a pass-through entity for State Incentive Grant funding.

V Grant Revision

- A. Both Grantee and the State must agree in order to revise the agreement. Grantee shall contact the PSD County Analyst before making any changes to the budget, goals, objectives, or design of the project plan to determine if changes 1) can be made without written approval of the State, 2) require written approval of the State, or 3) require a formal grant revision. Changes requiring written approval will not be valid unless such approval is given. Changes requiring a formal grant revision shall not be valid unless made in writing, signed by the parties, and approved as required. Project modifications made prior to obtaining written approval or revision as required are subject to denial from the PSD County Analyst and may result in denial of payment for all charges related to the modification(s) made.
- B. The proposed revisions that affect the program budget shall include a revised Budget Estimate and Budget Justification, and a statement of the reason and basis for the proposed change.
- C. In the event of changes in law that affect provisions of this Grant, the parties agree to revise the affected provisions to conform to the changes in law retroactive to the effective date of such changes in law. The parties further agree that the terms of this agreement are severable and in the event of changes in law as described above, the unaffected provisions and obligations of this grant will remain in full force and effect.
- D. This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written revision. If the State approves the assignment, the assignee and the State must enter into a formal written revision of the Agreement.

VI Reimbursement Claims

- A. Grantees will be reimbursed in arrears for actual allowable costs incurred under this grant program.
- B. Grantees must seek reimbursement from the State by submitting a complete project claim, which is incorporated by this reference. The claim shall include all grant-related costs for the billing period, and be submitted no more and no less frequently than once each quarter of the project year. The progress report (discussed in Section VII) must be submitted with the claim.
- C. Claims shall be submitted to the PSD County Analyst, SIG Grant Program, California Department of Alcohol and Drug Programs, Prevention Services Division, 1700 K Street, Sacramento, CA 95814.
- D. Claims will be submitted by the PSD County Analyst to the Alcohol and Drug

Programs Accounting Office for payment only after the Analyst has reviewed and approved the quarterly/annual progress report for the billing period covered by the claim.

- E. The State may withhold or disallow grant payments, reduce or terminate grant funds, and/or deny future grant funding anytime a Grantee fails to comply with any term or condition of the grant agreement or program guidelines. Failure to comply may include, but is not limited to, the failure to submit acceptable and timely reimbursement claims, quarterly, or annual comprehensive reports.

VII Reporting Requirements

Grantees are required to submit quarterly progress reports and claims for each calendar quarter, or portion thereof, during which the grant is in effect. Reports and claims are to be received by the PSD County Analyst no later than 30 days after the close of each calendar quarter (January 31, April 30, July 31, and October 31).

- A. Quarterly reports must include the following: a comparison of the actual accomplishments to the goals and objectives established for the period; the reasons for any variance if objectives were not met and the plans to address the variance; a fiscal report of expended grant funds; and additional pertinent information including, when appropriate, analysis and explanation of costing problems.
- B. Reports must include participant rosters containing original signatures of attendees from any workshop, training and/or conference conducted as a result of this grant.
- C. Grantees are required to submit a comprehensive report at the end of each 12-month project year. Comprehensive reports are due 30 days after the end of the project year.

VIII Subcontracts/Subgrants

Grantee may subgrant (with authority to do so) or contract for elements of program implementation. Nothing contained in this Agreement or otherwise, shall create any contractual relation between the State and any subgrantees/subcontractors, and no subgrant/subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to pass down to contractors, subgrantees/subcontractors all applicable federal and state requirements. The Grantee agrees to be as fully responsible to the State for the acts and omissions of its contractors, subgrantees/ subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Grantee. The Grantee's obligation to pay its contractors, subgrantees/subcontractors is an independent obligation from the State's obligation to make payments to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any contractor, subgrantee, or subcontractor.

IX Audits

- A. Grantee, contractors, subgrantees, and subcontractors must maintain records that adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant, subgrant, or subcontract awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income.
- B. Grantee shall comply, and shall require that contractors, subgrantees, and subcontractors comply, with all terms and conditions of this agreement and all pertinent state and federal statutes and regulations. The State, the Comptroller General of the United States, or other authorized federal agencies and representatives, will be allowed to evaluate the quality, appropriateness, and timeliness of services performed under this grant. Any and all books, records, and facilities shall be maintained by the Grantee, subgrantees, and subcontractors for a minimum of three (3) years after the day Grantee submits its final expenditure report/claim. These records may be inspected and copied at any time during normal business hours. Unannounced visits may be made at the discretion of the State. Employees who might reasonably have information related to such records may be interviewed. Further, Grantee agrees to include a similar right of the State and authorized federal agencies and representatives, to audit records and interview staff in any contract, subgrant or subcontract related to performance of this agreement.
- C. By accepting these grant funds, Grantee is agreeing to participate in audits as requested by the State, or authorized federal agencies and representatives, and as required by OMB Circular A-133. Audits may be requested for the purpose of programmatic and/or fiscal review.

X Compliance Review

- A. The State will monitor Grantee and programs for compliance with the requirements of the grant agreement and will review performance reports. Each grant will be monitored to ensure quality programs, coordination of efforts, and compliance with the statute and regulations. If programs are not meeting the requirements of the grant, a plan for corrective action will be required and the State may provide technical assistance to achieve compliance or reduce or terminate the funding under the agreement.
- B. Site visits to the grantee and/or contractor, subgrantee or subcontractor may be as frequent as deemed necessary by the State, but shall be at least once during the grant period. Site visits may be requested for the purpose of programmatic and/or fiscal review. Appointments will be made in advance for site visits.

XI Disadvantaged business enterprise/small business affirmative steps

Grantee will take all necessary affirmative steps to assure that disadvantaged business enterprises (DBE), as defined in 49 Code of Federal Regulations 26.5, are used as vendors when possible. Affirmative steps shall include:

- Placing qualified DBEs and small businesses on solicitation lists.
- Assuring that DBEs and small businesses are solicited whenever they are potential sources.

- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small businesses and DBEs.
- Establishing delivery schedules, where the requirement permits, which encourage the participation by DBEs and small businesses.
- Using the services and assistance of the Small Business Administration, and the Minority Business Development Agency of the Department of Commerce.
- Requiring the prime recipient, if subcontracts are to be let, to take the affirmative steps listed above.

XII Child Support Compliance Act

For any Agreement in excess of \$100,000, the Grantee, contractor, and subgrantees/ subcontractors must acknowledge that they:

- 1) Recognize the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with Section 5200) of Part 5 of Division 9 of the California Family Code; and
- 2) To the best of their knowledge, are fully complying with the earnings assignment orders of all employees and are providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

XIII Confidentiality of Information

- A. Grantee and its subgrantees or contractors that provide services covered by this Agreement shall comply with all state and federal statutes and regulations regarding confidentiality, including, but not limited to, the confidentiality of information requirements in 42 USC Section 290 dd-z; Part 2, Title 42, CFR; Welfare and Institutions Code (hereinafter referred to W&IC), Section 14100.2; Section 11977 of the HSC; and Title 22, California Code of Regulations (hereinafter referred to as Title 22), Section 51009.
- B. Grantee and its subgrantees, contractors, and subcontractors shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in 42 USC Section 290 dd-z; Title 42, CFR, Part 2; W&IC, Section 14100.2; HSC, Section 11977; and Title 22, Section 51009.
- C. Grantee shall monitor compliance with the above provisions and shall ensure they are included in all contracts, subgrants, or subcontracts.

XIV Nondiscrimination in Services

- A. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying an otherwise eligible individual any service or providing a

benefit which is different, or is provided in a different manner or at a different time, from that provided to others under this contract; subjecting any individual to segregation or separate treatment in any matter related to the receipt of any service; restricting an otherwise eligible individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating any individual differently from others in determining whether such individual satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

- B. Grantee shall, on a cycle of at least every three years, assess, monitor, and document each contractor's or subgrantee's/subcontractor's compliance with the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 to ensure that recipients/ beneficiaries and intended recipients/beneficiaries of services are provided services without regard to physical or mental disability. Grantee shall also monitor to ensure that beneficiaries and intended beneficiaries of service are provided services without regard to race, color, creed, national origin, sex, or age.
- C. Noncompliance shall constitute grounds for the State to withhold payments under this agreement or terminate all, or any type, of funding provided hereunder.

XV Conflict of Interest

Grantee agrees it is aware of the following provisions regarding current or former state employees. If grantee has any questions on the status of any person rendering services or involved with the agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (California Public Contracts Code Section 10410)

- 1) No officer or employee shall engage in any employment, activity, or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity, or enterprise is required as a condition of regular state employment.
- 2) No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (California Public Contracts Code Section 10411)

- 1) For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2) For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the twelve-month period prior to his or her leaving state service.

If Grantee violates any provisions of above paragraphs, such action by Grantee, contractor, or subgrantee/subcontractor shall render this agreement void. (California Public Contracts Code Section 10420)

Members of boards or commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. [California Public Contracts Code Section 10430(e)]

XVI Resolution

Upon request, Grantee must provide the State with a copy of the resolution, order, motion, or ordinance of the local governing body that by law has authority to enter into an Agreement, authorizing execution of the Agreement.

XVII No Unlawful Use, or Unlawful Use Messages, Regarding Drugs and/or Alcohol

Grantee agrees that information produced through these funds, and which pertains to drug- and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug- or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (Health and Safety Code Section 11999). By signing this Agreement, Grantee agrees that it and its contractors and subgrantees/subcontractors will enforce these requirements.

XVIII Smoking Prohibition Requirements

Grantee shall comply, and require that its contractors and subgrantees/subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education, or library services to children under the age of 18 if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed.

XIX Hazardous Activities

Grantee shall have liability insurance sufficient to cover hazardous activities pursuant to Section 7.40 of the *State Contracting Manual* (Document 1S), incorporated by this reference. To the extent Grantee subgrants, contracts or subcontracts for the provision of transportation services, Grantee is liable to determine that the contractor or subgrantee/ subcontractor has sufficient liability insurance to meet the requirements of Section 7.40 of the *State Contracting Manual*.

XX Disputes

If the Grantee believes that there is a dispute or grievance between the Grantee and the State arising out of or relating to this grant agreement, the Grantee shall first discuss and attempt to resolve the issue informally with the State's representative. If the issue cannot be resolved at this level, the Grantee shall follow the following procedures: If the issue cannot be resolved informally with the State's representative, the Grantee may submit, in writing, a grievance report together with any evidence to the California Department of Alcohol and Drug Programs, Prevention Services Division Deputy Director. The grievance report must state the issues in the dispute and the legal authority, or other basis for the Grantee's position and the remedy sought. Within ten (10) working days of receipt of the written grievance report from the Grantee, the Prevention Services Division Deputy Director shall make a determination on the problem, and shall respond in writing to the Grantee indicating the decisions and the reasons therefore. Should the Grantee disagree with the Division Deputy Director's decision, the Grantee may appeal to the next level as provided in the following paragraph.

The Grantee must submit a letter of appeal to the California Department of Alcohol and Drug Programs (ADP) Chief Deputy Director explaining why the Deputy Director's decision is unacceptable. The letter must include, as an attachment, copies of the Grantee's original grievance report, evidence originally submitted, and the response from ADP's representative. Grantee's letter of appeal must be submitted within ten (10) working days of the receipt of the Division Deputy Director's written decision. The Chief Deputy Director shall, within twenty (20) working days of receipt of the Grantee's letter of appeal, review the issues raised and shall render a written decision to the Grantee. The decision of the Chief Deputy Director shall be final.

XXI Indemnification

Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subgrantees/subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this grant.

XXII Independent Contractor

Grantee, and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

XXIII Right to Terminate

- A. The State reserves the right to terminate this agreement subject to 30 days written notice to the Grantee.
- B. However, the State can terminate the agreement immediately for cause. The term

- “for cause” shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of the Agreement. In this instance, the termination of the grant agreement shall be effective as of the date indicated on the State’s notification to the Grantee. The notice shall state the effective date of and reason for the termination.
- C. This agreement may be suspended or cancelled without notice, at the option of the Grantee, if the Grantee or the State’s premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Grantee is unable to render service as a result of any action by any governmental entity.

XXIV Governing Law

This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

Appendix F: GPAC Strategic Plan

This will be available on the ADP web site at <http://www.adp.ca.gov/Prevention/sig.shtml>

Appendix G: Writing a Memorandum of Understanding

A Memorandum of Understanding (**MOU**) is a formal document developed by two or more agencies or organizations that describes specific ways in which the organizations will collaborate on a particular project or topic, e.g., substance abuse prevention. The agreement can list specific resources to be shared and expectations and/or responsibilities of each organization to the collaboration, and may present a shared vision or mission statement relative to the collaborative effort. The agreement is then signed by each of the participating organizations.

For the purposes of this application, partnerships that do not already have a written MOU or any formal agency agreements must develop a MOU specific to this proposal. The MOU may be written in general terms if partners have not committed specific resources or established a defined role in the partnership at the time of submission. However, funded partnerships will be required to define the roles and contributions of each partner organization as part of this project. Therefore, whenever possible, specific roles or commitments should be listed. The following are examples of the types of roles and commitments that might be included:

- A county agency may agree to provide office space and supplies for project staff hired with grant funds.
- A business partner may commit to participate on a sub-committee, or to provide certain resources to the partnership.
- A partner organization may serve as the liaison to other partnerships or coalitions.